

**DFP Registration Form**  
**Truman State University**

Session date 12/01/2018

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Gender: \_\_\_\_\_ Native Tongue: \_\_\_\_\_  
Citizenship: \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email (please print): \_\_\_\_\_

	Truman students	Non-Truman students	TOTAL
Affaires B1	<input type="checkbox"/> \$115	<input type="checkbox"/> \$130	
Affaires B2	<input type="checkbox"/> \$115	<input type="checkbox"/> \$130	
Relations internationales B1	<input type="checkbox"/> \$115	<input type="checkbox"/> \$130	
Relations internationales B2	<input type="checkbox"/> \$115	<input type="checkbox"/> \$130	
Tourisme-Hôtellerie-Restauration B1	<input type="checkbox"/> \$115	<input type="checkbox"/> \$130	
Tourisme-Hôtellerie-Restauration B2	<input type="checkbox"/> \$115	<input type="checkbox"/> \$130	
Médical B2	<input type="checkbox"/> \$140	<input type="checkbox"/> \$160	
Juridique B2	<input type="checkbox"/> \$140	<input type="checkbox"/> \$160	
Scientifique et technique B1	<input type="checkbox"/> \$140	<input type="checkbox"/> \$160	
Mode A2	<input type="checkbox"/> \$110	<input type="checkbox"/> \$130	
TOTAL			

Once a registration is submitted, no refund or credit can be made under any circumstances. In case of technical problems on the day of the exam, Truman State University will organize a new session within two weeks, the candidates will arrange their travel at their own expense.

☐ I have read and agreed with the e-DFP policies of Truman State University

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Once your payment is complete, you will receive an email from the DFP coordinator for more details.**

**Contact information:**

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