



TCF Tout Public Test Registration Form

GB Language Centre, North York, ON, Canada

SESSION DATE (dd/mm/yyyy)

____ / ____ / ____

Did you ever report to the TCF? Yes No

If yes, please indicate your candidate code: _____

Compulsory Test Optional

Passport Number: _____

Madam Sir

Name* _____

First Name* _____

Date of Birth* (dd/mm/yyyy) ____ / ____ / ____

Country of Birth* _____

Mailing Address

Country _____

Postal Code _____

City _____

Street _____

Unit/Apartment No.: _____

Email _____

Telephone: _____

Nationality _____

Common Language _____

To complete your registration, submit this form along with a copy of your passport and payment to be made at GB Language Centre through E-transfer (payments@gblc.ca) or in person.

The exam consists of 4 compulsory tests: 1- oral comprehension; 2- written comprehension; 3- oral expression; 4- written expression.

- I certify that I have read and agree to the terms and conditions of registration. I acknowledge that I have read the terms and conditions of sale (available at www.gradbound.com). Registration fees for the TCF are non-refundable. In case of illness of the candidate, you will be asked to provide a medical certificate that will allow you to postpone your registration fees to the next session. I hereby certify the accuracy of the information provided. The data collected on this registration form is used for administrative purposes and will not be disclosed to a third-party organization.

Date (dd/mm/yyyy): ____ / ____ / ____ Signature (Name): _____

Please email this form to admin@gblc.ca along with a copy of your passport