



English Language Institute

Conversation Partners

English Language Institute Student Information

Date: _____

Last Name: _____

First Name: _____

E-mail Address: _____

I prefer to be contacted by: Email

Phone Number: _____

Telephone

Nationality: _____

First Language(s) _____

Field of Study(in your country): _____

Check one: High School B.A./B.S. M.A.

Future Field of Study (in the U.S): _____

Check one: B.A./B.S. M.A. Ph.D

Which ELI Oral Integrated Level are you in? 1 2 3 4 5

Interests: _____

Other Comments or Requests about your Conversation Partner: _____

Which days and times are best for you to meet with your Conversation Partner?

I am a: Male Female

I prefer to work with a: female partner male partner no preference

DELIVER THIS FORM IN PERSON OR VIA EMAIL TO:

Student Services Coordinator

Ellen Barrett ▪ Office: 339 Manoogian Hall ▪ E-mail: eliactivities@wayne.edu ▪ Phone: (313) 577-6647

Office Use Only

ELI Partner: _____ ELI Partner' e-mail/phone: _____

Date of Contact: _____