



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](mailto:eliactivities@wayne.edu) ▪ Phone: (313) 577-6647

Office Use Only

ELI Partner: \_\_\_\_\_ ELI Partner' e-mail/phone: \_\_\_\_\_

Date of Contact: \_\_\_\_\_