

STUDENT REQUEST FOR CONVERSATION PARTNER
WCC English as a Second Language Program

***PLEASE NOTE: YOU MUST BE AT LEAST LEVEL 4 TO PARTICIPATE IN THIS PROGRAM OR
RECEIVE YOUR PROFESSOR'S REFERRAL***

PLEASE PRINT

STUDENT ID# _____ TODAY'S DATE _____

NAME _____ SEX: M _____ F _____

TELEPHONE: HOME _____ WORK _____ CELL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____

YOUR COUNTRY _____ HOW LONG HAVE YOU LIVED IN USA? _____

COLLEGE DEGREES FROM YOUR HOME COUNTRY? _____ PREVIOUS JOB? _____

HOW MUCH LONGER DO YOU EXPECT TO STAY IN USA? _____

WHAT ESL COURSE(S) ARE YOU TAKING AT WCC? _____

INSTRUCTOR'S NAME _____ DAY _____ TIME _____

WHAT IS YOUR FIRST LANGUAGE? _____

PROPOSED MAJOR _____

ARE YOU WORKING? _____ POSITION _____ HOW MANY HOURS? _____ DAYS? _____

WHAT ARE YOUR INTERESTS/HOBBIES? _____

WHAT KIND OF PRACTICE DO YOU NEED MOST? _____

Conversation Partners meet at WCC for 1 hour. Please tell us what days of the week and times are best for you?

1st Choice: DAY _____ TIME: From _____ To _____

2nd Choice: DAY _____ TIME: From _____ To _____

3rd Choice: DAY _____ TIME: From _____ To _____

4th Choice: DAY _____ TIME: From _____ To _____

RETURN TO: VOLUNTEER OFFICE, WCC LIBRARY, ROOM 243 OR CALL 606-6506 IF YOU HAVE ANY
QUESTIONS.