

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?

1<sup>st</sup> Choice: DAY \_\_\_\_\_ TIME: From \_\_\_\_\_ To \_\_\_\_\_

2<sup>nd</sup> Choice: DAY \_\_\_\_\_ TIME: From \_\_\_\_\_ To \_\_\_\_\_

3<sup>rd</sup> Choice: DAY \_\_\_\_\_ TIME: From \_\_\_\_\_ To \_\_\_\_\_

4<sup>th</sup> Choice: DAY \_\_\_\_\_ TIME: From \_\_\_\_\_ To \_\_\_\_\_

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