

Language Partner Student Application



ENGLISH
LEARNING
INSTITUTE

Language Partner Student Application

Please fill in all the information so that we can have the correct information to properly place you with a language partner. Please print legibly.

Name: _____ Email: _____

Today's Date: _____ What is your current level? _____

What days would you be interested in meeting with a language partner? Please write the times next to the days you would like to meet.

Monday: _____ Tuesday: _____

Wednesday: _____ Thursday: _____

Friday: _____ Saturday: _____

Do you have a gender preference for the language partner?

No Preference Male Female

What are you hoping to gain from having a language partner?

Please read the following statement and provide your signature as acknowledgement.

I understand that by participating in this program, my language partner will be a volunteer, someone who is not employed by ELI. I further acknowledge that ELI is not responsible for the actions of the Language Partner, and that language partnerships are considered to be an extracurricular activity

Student Signature: _____ Date: _____