



# Conversation Partners

Indiana University of Pennsylvania

**Please Print Clearly**

Name: \_\_\_\_\_

Today's date: \_\_\_\_\_ Your Birthday: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Languages spoken: \_\_\_\_\_ Languages studying: \_\_\_\_\_

Are you applying for the Semester or the Academic Year: \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

Major area of study: \_\_\_\_\_

Student Status: Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_ Honors College \_\_\_\_\_ ALI \_\_\_\_\_

IUP email: \_\_\_\_\_ **(must be IUP)**

Phone: \_\_\_\_\_

Local Address: \_\_\_\_\_

As a member of Conversation Partners, I \_\_\_\_\_ agree to:  
(your name)

- *meet with my partners at least one hour per week*
- *contact the Conversation Partners coordinator if I have any concerns*
- *allow photos of me to be used for promoting Conversation Partners*

Please return this application to the Office of International Education, B25 Delaney, or send it as an attachment to the following:

**[conversation-partners@iup.edu](mailto:conversation-partners@iup.edu)**