

Conversation Partners Program International Applicant



Semester: _____ Banner ID: _____

First Name: _____ Last Name: _____

Phone: _____ E-mail: _____

Age: _____

Gender: Male / Female

***** We only place male to male and female to female unless the Conversation Partner suggests otherwise *****

*****Are you comfortable with a Partner of a different gender? *** Yes / No**

1st Language: _____

Other Languages Spoken: _____

Do you have a car? Yes / No

Do you ride the bus? Yes / No

Do you smoke? Yes / No

Is it OK if your Partner smokes? Yes / No

What do you like? (Interests, Hobbies, Activities, Entertainment, Likes/Dislikes, Personality)
(Please be specific and don't leave blank as it is important for proper matching. Example: sports, shopping, movies, music, travel)

Is there anything else you wish us to consider when matching you with a Partner?

Describe your ideal Partner:

Thank you for participating in the Conversation Partners Program!

Please return to Stephanie Robinson / MS 2.01.08B / 210-458-5059

E-mail: conversationpartners@utsa.edu