

Return completed form to:
Peg De Furia
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**SYRACUSE UNIVERSITY
GRADUATE SCHOOL PROGRAMS
ELP Services**

One-on-One Conversation Partner Request Form

ITA Name:

SUID:

ITA Department:

Email address:

Phone number:

ENL Course Instructor (if applicable):

ENL Lab Instructor (if applicable):

I would like to meet... (check one)

_____ once per week for one hour

_____ twice per week, one hour each

_____ once per week for two hours

Requested time(s) to meet with conversation partner: (e.g., Thursdays, 2:30-3:30pm)

First Choice:

Second Choice:

Third Choice:

OFFICE USE ONLY:

Date request received: _____

Time(s)/Location: _____

Consultant assigned: _____

of Meetings: _____

Notes: