

Return completed form to:  
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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: