



English Conversation Program Registration Form

Welcome to the English Conversation Program (ECP)! Our teachers are volunteers who enjoy meeting and working with people from other countries. ECP will give you the opportunity to practice and improve your English skills in a comfortable and supportive environment with other international visitors.

To apply for this program, please fill this form out and email it to the ECP coordinator, Lisa Hammock, at lisahammock805@gmail.com. More information is available on the [OISS website](#).

Your Name: _____
Last (Family) First Middle

Address: _____
Number Street Apt. # City Zip Code

Phone number: _____ Email address: _____

Home Country Address: _____

First Language: _____

What is your connection to UCSB?

UCSB Student (yes or no): _____

Spouse of UCSB Student (yes or no): _____ If yes, Spouse's Name: _____

Researcher/Faculty/Scholar (yes or no): _____

Spouse of Researcher/Faculty/Scholar (yes or no): _____

If yes, (Spouse's Name: _____

With which department are you or your spouse associated? _____

About You (this information helps us plan activities to suit your needs)

What is your occupation in your home country? _____

Are you married? _____

If Yes, what is your spouse's occupation in your home country? _____



UC SANTA BARBARA

Office of International Students & Scholars

3130 Student Resource Building
University of California
Santa Barbara CA 93106-7150
oiss.sa.ucsb.edu

Do you have children with you at UCSB? _____ If Yes, what are their ages? _____

What are your hobbies or interests? _____

How long do you plan to be in Santa Barbara? _____

Do you have a California Driver's License? _____

Do you have access to a car? _____

For ECP Coordinator use only: Fall ____ Winter ____ Spring ____

Paid \$ ____ Waived: ____ By ____ (please initial)