

Illinois Global Institute

2019 Global South Language Fellowship

Name: _____ UIN: _____

Current Student Status: _____ Expected Graduation Date: _____

Program: _____

Advisor: _____

Current Address: _____

E-mail: _____

Target Language: _____ Heritage Speaker (Y/N): _____

Proficiency level in Target Language (check one)

Beginner: _____ Intermediate: _____ Advanced: _____

Other foreign language experience: _____

Names of recommenders (include department):
