

UF CENTER FOR EUROPEAN STUDIES
SUMMER FLAS APPLICATION FORM

Name _____ UFID (if known) _____

Permanent address _____ Telephone _____

_____ Email _____

US Citizen _____ US Permanent Resident _____ SAT or GRE scores _____

Major or Academic Discipline _____ UF GPA (if available) _____

Degree Program (BS/BA, MS/MA, PhD) _____

Language of study during FLAS fellowship _____

Language level during FLAS fellowship (beginning, intermediate, or advanced) _____

What are your career goals? _____

Current language abilities (native speaker, excellent, good, fair, or minimal):

Language	Spoken	Written	Reading	Comprehension

Letters of recommendation requested from:

Name	Institution	Email address

Signature of Applicant _____ Date _____
