

**COLLÈGE DE FRANCE SCIENCE RESEARCH TRAVEL GRANT**

**Applicant Information**

Name:	UC ID#:
-------	---------

Department/Program:	Division:
---------------------	-----------

Permanent Address:

City:	State:	Zip:
-------	--------	------

E-mail:	Phone:
---------	--------

Start Quarter:	Quarter Admitted to Candidacy:
----------------	--------------------------------

<b>Chicago Faculty Advisor:</b>	<b>Proposed Faculty Advisor at the Collège de France:</b>
---------------------------------	-----------------------------------------------------------

--	--

**Length of Proposed Research Stay:**

3 months (\$6,000)	6 months (\$12,000)	9 months (\$18,000)
--------------------	---------------------	---------------------

**Proposed (approximate) Dates of Travel:**

--

**Which term best describes your level of French proficiency? (check one)**

Beginner	Novice	Intermediate	Advanced	Fluent
----------	--------	--------------	----------	--------

**Briefly describe any French language study you have completed and/or experience in France that you have had.**

--

**In the space provided, please describe your research to a generalist audience.**

--

**In the space provided, please describe what you hope to gain from your experience at the College de France.**

--