



Illinois Global Institute

Center for Latin American & Caribbean Studies

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2025 SGRF COVER SHEET

Name: _____ UIN: _____

Department: _____

Current Address: _____

E-mail: _____

Application Type (Tinker, Whitten, Love, Kilby): _____

Project Title:

Research Site (s): _____

Length of Research _____

Qualifying Exams: Scheduled _____ Completed _____

Advisor please indicate when student will achieve ABD status: _____

Advisor Signature: _____

Letters of recommendation requested from (include department):

Requested Amount (total): _____

Other sources of funding you are applying for:

All Materials must be received by February 13, 2025