



# Harvard Center for African Studies Postdoctoral Research Fellowship Program Application 2022

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Start of Block: CANDIDATE INFORMATION

## Q1 GENERAL INFORMATION

- Last Name (1) \_\_\_\_\_
- First Name (2) \_\_\_\_\_
- Other Names (3) \_\_\_\_\_
- Preferred Name (4) \_\_\_\_\_
- Date of Birth (MM/DD/YY) (5)  
\_\_\_\_\_
- Citizenship (6) \_\_\_\_\_
- Country of Residence (7) \_\_\_\_\_

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## Q2 Gender

- Female (1)
  - Male (2)
  - Other (3) \_\_\_\_\_
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Q3 Contact Information ( Please notify us immediately if this address changes. Please include the postal code).

Mailing Address (1) \_\_\_\_\_

Mobile Phone Number (2) \_\_\_\_\_

Preferred Email Address (3)  
\_\_\_\_\_

Personal Email Address (4)  
\_\_\_\_\_

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Q4 HOW DID YOU HEAR ABOUT THIS PROGRAM? (Please write the name of source below).

Center for African Studies Website (1)  
\_\_\_\_\_

ARUA Affiliated University (2)  
\_\_\_\_\_

Other Harvard Contact (3)  
\_\_\_\_\_

Other- (Radio, Newspaper, Office Bulletin, Social Media). (4)  
\_\_\_\_\_

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Q5 HOME INSTITUTION: PROVIDE THE NAME AND CITY OF THE UNIVERSITY/INSTITUTION.

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Q6 PLEASE PROVIDE THE NAME, POSITION, DEPARTMENT, AND EMAIL OF YOUR FACULTY MENTOR/SUPERVISOR IN YOUR HOME INSTITUTION

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Q7 SUMMARY OF PROPOSED COURSE OF RESEARCH AT HARVARD UNIVERSITY. (*A detailed proposal should be submitted as PDF file in the upload section. 250 word limit*).

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Q8 PLEASE PROVIDE THE NAME, TITLE, DEPARTMENT, AND EMAIL OF YOUR FACULTY MENTOR IDENTIFIED AT HARVARD UNIVERSITY

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Q9 ACADEMIC, LEADERSHIP, AND PROFESSIONAL HONORS: PLEASE LIST YOUR SCHOOL, COMMUNITY, SOCIAL, OR OTHER PUBLIC CONTRIBUTIONS TO DATE, INCLUDING POSITIONS HELD AND AWARDS OR PRIZES.

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End of Block: CANDIDATE INFORMATION

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Start of Block: EDUCATION/HIGHEST QUALIFICATION

Q10 COMPLETE THE EDUCATIONAL HISTORY BELOW INCLUDING ALL NECESSARY DETAILS REQUESTED. (Any additional information can be included in your CV).

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Q10:1 Education-PhD\*

Name of Institution (1) \_\_\_\_\_

City/Country (2) \_\_\_\_\_

Date of Attendance (3) \_\_\_\_\_

PhD Dissertation Defense Date (4)  
\_\_\_\_\_

Field of Study, Degree (You will be required to upload Transcript/Academic Record in the uploads section) (5) \_\_\_\_\_

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Q10:2 Education-PhD/Other

Name of Institution (1) \_\_\_\_\_

City/Country (2) \_\_\_\_\_

Date of Attendance (3) \_\_\_\_\_

PhD Dissertation Defense Date (4)  
\_\_\_\_\_

Field of Study, Degree (You will be required to upload Transcript/Academic Record in the uploads section) (5) \_\_\_\_\_

End of Block: EDUCATION/HIGHEST QUALIFICATION

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Start of Block: WORK EXPERIENCE

Q:11 WORK HISTORY. ( Please list your positions in reverse chronological order, starting with your current employer. If all positions are in the same institution, please give the major promotional sequence. Any additional information can be listed in your CV).

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11:1 CURRENT POSITION

University/Institution (1) \_\_\_\_\_

School/Department (2) \_\_\_\_\_

City/Country (3) \_\_\_\_\_

Phone Number (4) \_\_\_\_\_

Position/Title: (5) \_\_\_\_\_

From(Year/Month): To (Year/Month): (6)  
\_\_\_\_\_

Responsibilities: (7) \_\_\_\_\_

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11:2 PREVIOUS POSITION

- University/Institution (2) \_\_\_\_\_
- School/Department (3) \_\_\_\_\_
- City/Country (8) \_\_\_\_\_
- Position/Title: (5) \_\_\_\_\_
- From(Year/Month): To (Year/Month): (6)  
\_\_\_\_\_
- Responsibilities: (7) \_\_\_\_\_

End of Block: WORK EXPERIENCE

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Start of Block: FILES TO UPLOAD

Q:12 FILES TO UPLOAD: UPLOAD CV, EVIDENCE OF PhD., RESEARCH PROPOSAL, PERSONAL STATEMENT, AND BUDGET BELOW:



12:1 Submit CV as a single PDF file. The CV should clearly lists your colleges attended, employment history, as well as your publications with full citations.

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12:2 Submit evidence of having been granted a PhD as a single PDF file.

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12:3 Submit a Personal Statement as a single PDF file.

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12:4 Submit a Research Proposal as a single PDF file. Please submit a research proposal of no more than 2,000 words, single-spaced with a detailed description of your project to be pursued during the fellowship period. Review link. <https://africa.harvard.edu/african-studies-postdoctoral-fellowship-program>

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12:5 Submit a budget for your project and any other materials to be purchased during your fellowship as a single PDF File.

End of Block: FILES TO UPLOAD

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Start of Block: RECOMMENDATIONS

#### Q:13 RECOMMENDATION LETTERS

Give the names and professional positions of two references who will write letters of recommendation on your behalf. One letter should be written by a faculty mentor from your current institution who knows you well or for whom you have worked in a professional capacity. The other recommender should be a Harvard University faculty who will supervise your work during the fellowship. Please type your reference's first name, last name. You will also need to supply their title, institution, phone number, and appropriate email address; please confirm that this email address is correct before submission.

Make sure you provide plenty of time for your references to write your letters. Ask them in advance so that they review all instructions including the deadline **(April 30, 2022)**, on the website before completing their letter. Please ensure the email address of your reference is correct. After submitting your application, a RECOMMENDATION FORM AND LETTER will be sent as a link to your reference for submission of your letter of recommendation. Queries regarding submission of the letter of recommendation should be emailed to: [rosaline\\_salifu@fas.harvard.edu](mailto:rosaline_salifu@fas.harvard.edu)

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13:1 First Reference

- Name (1) \_\_\_\_\_
  - Title/University (2) \_\_\_\_\_
  - Email (5) \_\_\_\_\_
  - Phone Number (6) \_\_\_\_\_
- 

13:2 Second Reference

- Name (1) \_\_\_\_\_
- Title/University (2) \_\_\_\_\_
- Email (8) \_\_\_\_\_
- Phone Number (9) \_\_\_\_\_

**End of Block: RECOMMENDATIONS**

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**Start of Block: CONSENT**

Q:14

I certify that the information provided on this application and in any attached materials is accurate and complete to the best of my knowledge. I understand that it is my obligation to notify the Center for African Studies Postdoctoral Fellowship Program immediately if there are any changes in the information provided in this application. I understand that misrepresentation or omission may be the basis for denial of admission or dismissal from the Fellowship Program.

I, the Applicant

- I Agree (1)
  - I Disagree (2)
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Q:15 Please Write your Full Name Here

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End of Block: CONSENT

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