

# UNIVERSITY OF GHANA



## OFFICE OF RESEARCH, INNOVATION AND DEVELOPMENT

### APPLICATION FORM FOR RESEARCH AFFILIATES (NON-STUDENT RESEARCH AFFILIATES ONLY)

Please insert passport  
picture here

Before you submit this form, please check that you have attached the following:

- Certified Copies of certificates*
- Full CV*
- One passport picture uploaded unto this form*
- Letter of Recommendation from Parent Institution*
- Letter of Acceptance from Host Institution*
- Evidence of Funds for intended stay and research in Ghana (e.g. award letter for grant etc)*
- Research Summary of not more than 3 pages, single spacing, Times New Romans 12 Font; also attach a 1 page budget for your stay and research in Ghana as well as a workplan*

#### 1. Personal Details

TITLE	SURNAME	FIRST AND OTHER NAMES	
DATE OF BIRTH (day/ month / year)	SEX	NATIONALITY/ COUNTRY	
EMAIL ADDRESS	TELEPHONE NUMBER (HOME/ CELL)	FAX NUMBER	
ADDRESS FOR CORRESPONDENC E		PERMANENT HOME ADDRESS	

#### 2. Previous Education

Name of Colleges/ Universities Attended	Dates (i.e. from xxx –to xxx)	Degree(s) obtained	Class/ Division

#### 3. Past/ Present Employment

Name of Employer	Dates (i.e. from xxx –to xxx)	Position	Main responsibilities

4. Department to which affiliation is sought.....

5. Intended duration of research in Ghana (please provide dates i.e. day/ month/ year)

From-----

To -----

**6. Details of Research project to be undertaken**

(Attach as a separate document, a Research Summary of not more than 3 pages, single spacing, Times New Romans 12 Font; also attach a 1 page budget for your stay and research in Ghana as well as a workplan)

**7. Sponsorship Information**

Name of Sponsor(s)	Grant/ Sponsorship Amount	Expiry date of Award

**8. Endorsement by Head of Department in Parent Institution**

FULL NAME (INCLUDING TITLE)		POSITION
DATE (Day/ Month/ Year)	SIGNATURE AND SEAL	

**9. Other Documents to be submitted with application:**

- Certified Copies of certificates
- Full CV
- One passport picture uploaded unto this form
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***For Official Use Only***

**Date Received:**

**Application Number:**

**Date Processed:**

**Decision:**

**Date:**

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PLEASE COMPLETE THIS FORM AND RETURN TO THE HEAD OF YOUR HOST DEPARTMENT WHO WILL IN TURN SUBMIT THE FORM ON YOUR BEHALF (COPIED TO THE FACULTY DEAN) TO THE OFFICE OF RESEARCH, INNOVATION AND DEVELOPMENT.