UNIVERSITY OF GHANA





CAMBRIDGE AFRICA PARTNERSHIP FOR RESEARCH EXCELLENCE (CAPREx)

COMPLETION REPORT FOR FELLOWSHIP VISITS

INSTRUCTIONS FOR PREPARING THIS REPORT:

* Please take note that the report comprises **TWO** sections:

**i. SECTION 1:** BACKGROUND INFORMATION

**ii. SECTION 2:** FELLOWSHIP RESEARCH AND EXPERIENCE

* Hand written reports will not be accepted. To request an electronic copy of this format, please send an email to caprex@ug.edu.gh
* Fellowship Visit Completion reports are due within one month upon return of the fellow to UG and should be submitted to ORID (located on the ground floor of the LECIAD Building).
* Please take note that submission of this report to ORID does not preclude you from submitting any other required reports to the Office of the Pro-Vice Chancellor (ASA)

THIS IS THE FACE PAGE

**THE MAIN REPORT STARTS ON THE NEXT PAGE**

DATE OF REPORT:

Please place date stamp here: (**For Official use only)**

DATE RECEIVED AT ORID:

SECTION ONE: BACKGROUND INFORMATION

|  |  |
| --- | --- |
| **NAME:** |  |
| **UG DEPARTMENT:** |  | **UG EMAIL ADDRESS** |  |
| **DATE OF DEPARTURE FROM ACCRA (DD/MM/YY)** |  | **DATE OF ARRIVAL TO ACCRA (DD/MM/YY)** |  |
| **DATE OF ASSUMPTION OF DUTY AT UG (Upon return from fellowship)** |  |
|  |  |
| **NAME OF CAMBRIDGE COLLABORATOR:** |  |
| **HOST DEPARTMENT AT CAMBRIDGE:** |  | **CAMBRIDGE EMAIL ADDRESS:** |  |

SECTION TWO: FELLOWSHIP RESEARCH AND EXPERIENCE

1. **GOALS AND OBJECTIVES OF THE RESEARCH PROJECT**

|  |  |
| --- | --- |
| **TITLE OF FELLOWSHIP PROJECT:** |  |

1. Did the goals and objectives change over the period of the fellowship visit?

If the answer to the above question is yes, please indicate in the box below, the reasons for the change and list the new goal(s) and objectives below

1. Provide a brief summary of the research work undertaken and major findings/ outcomes from the project:
2. **DETAILS OF MAJOR ACADEMIC ACTIVITIES ON THE FELLOWSHIP**
3. Conferences:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TITLE OF CONFERENCE** | **SUBJECT AREA/ DISCIPLINE OF CONFERENCE** | **LEVEL OF PARTICIPATION (e.g. presented paper etc.)** | **CONFERENCE DATES (DD/MM/YY)** | **VENUE/ LOCATION OF CONFERENCE** | **SPONSOR** |
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*Please add on rows as needed*

1. Talks, Seminars & Training Programmes:

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| --- | --- | --- | --- | --- |
| **PROGRAMME** | **TITLE OF TALK/ SEMINAR/ TRAINING PROGRAMME** | **ROLE** | **DATES (DD/MM/YY)** | **VENUE/ LOCATION**  |
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*Please add on rows as needed*

1. Publications/ Research Dissemination:

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| --- | --- | --- | --- | --- | --- | --- |
| **AUTHOR(S)** | **TITLE OF PUBLICATION** | **NAME OF JOURNAL** | **IMPACT FACTOR OF JOURNAL** | **STATUS (e.g. Manuscript under preparation)** | **YEAR OF PUB., VOL. & PAGE NO.** | **URL/ Link to publication** |
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1. Research Grant Applications:

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| --- | --- | --- | --- | --- |
| **PROPOSAL TITLE** | **COLLABORATOR(S)** | **TARGETED DONOR** | **AMOUNT** | **STATUS (Funded/ Not Funded/ Decision Pending)** |
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*Please add on rows as needed*

1. Please provide in the table below details of any other academic activities you were involved with at Cambridge
2. **BENEFITS OF THE CAPREx FELLOWSHIP**

**Outline 3 main benefits that you have derived from the CAPREx fellowship**

1. **CONSTRAINTS/ CHALLENGES**

**What were the major constraints/ challenges encountered during your fellowship visit?**

1. Indicate below how these constraints/ challenges were resolved
2. **COLLABORATIVE LINKS**
3. Please provide in the table below, any collaborative links or partnerships initiated through this fellowship

|  |  |  |
| --- | --- | --- |
| **NAME OF COLLABORATOR** | **INSTITUTION OF COLLABORATOR** | **TYPE OF COLLABORATION** |
|  |  |  |
|  |  |  |
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| *Please add on rows as needed* |  |  |

1. **RECOMMENDATIONS**
2. What in your opinion will enhance the experience of the CAPREx fellowship?
3. **SIGNATURES**

|  |  |
| --- | --- |
| **SIGNATURE OF CAPREx FELLOW:** | **DATE:** |
| **ENDORSEMENT BY HEAD OF DEPARTMENT:** |
| **NAME:** |
| **SIGNATURE AND STAMP:** | **DATE:** |