UNIVERSITY OF GHANA





CAMBRIDGE AFRICA PARTNERSHIP FOR RESEARCH EXCELLENCE (CAPREx)

**PRE-FELLOWSHIP VISIT INFORMATION FORM**

Please complete and return by email to caprex@ug.edu.gh

SECTION ONE: BACKGROUND INFORMATION (UG)

|  |  |
| --- | --- |
| **NAME:** |  |
| **DEPARTMENT:** |  | **UG EMAIL ADDRESS:** |  |
| **CURRENT RANK AT UG:** |  |
| **DETAILS OF CURRENT ADMINISTRATIVE POSITIONS HELD AT UG:** |  |

SECTION TWO: BACKGROUND INFORMATION (CAMBRIDGE)

|  |  |
| --- | --- |
| **NAME OF CAMBRIDGE COLLABORATOR:** |  |
| **DEPARTMENT AND EMAIL OF COLLABORATOR:** |  |
| **PROJECT TITLE:** |  |
| **TENTATIVE VISIT DATES:** | **FROM: (Month/ Year):** |  | **TO: (Month/ Year):** |
| **EXPECTED BENEFITS/ OUTPUTS/ SKILLS FROM FELLOWSHIP VISIT:** |  |

SECTION THREE:

|  |  |
| --- | --- |
| Do you intend to undertake part of the research work on your fellowship here in Ghana before you visit Cambridge? | Please indicate **YES/ NO** |
| Do you intend to travel with samples for your work at Cambridge? | Please indicate **YES/ NO** |
| If Yes, Please provide details (description & quantities) of samples |

SECTION FOUR:

|  |
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| Please provide any other relevant information which you wish to bring to the attention of the managers of the CAPREx programme? |

**---------------------------FORM ENDS----------------------------------**

***For Official Use Only***

**Date Received: Follow-up Action(s):**

**Date Processed: Decision: Date:**