HAWAII-KURDISTAN

PARTNERSHIP for

Revitalizing Agricultural Higher Education and Development (KAHEAD)

NOMINATION FORM

GRADUATE RESEARCH FELLOWSHIPS (GRF)

Program Purpose
This program will provide out-of-country research support and experience for graduate students who are currently enrolled in agricultural science programs at Kurdistan-Iraq universities. The outcome of this research will count toward fulfillment of their thesis or dissertation requirements. In addition, collaboration opportunities will be established between supervising scientists in Kurdistan and co-supervisors at partner universities/organizations who will be hosting the GRF recipients.

Eligibility
Nominations will be accepted from among actively enrolled graduate student who has completed course requirements and is prepared to complete the research required for the MS. thesis or PhD dissertation. Maximum duration of each GRF will be for 6 months. Therefore, early preparations and coordination with host institutions are very critical before the start of the GRF to insure the effective and productive use of the fellowship period.

Selection Criteria
Nominations will be ranked based on:

1. Well-prepared research proposal (following the format below exactly) with sufficient details including:
   a. Clearly stated topic and title
   b. Justification for the importance, timeliness, usefulness and relevance to the student’s overall program
   c. Feasibility of proposed approach and methodology
2. Innovativeness, scientific merit and technical quality of the proposed research
3. Probability of success in completing the proposed research during the allowed fellowship period.
4. Affordability of research expenses with view of the KAHEAD budget.

Allowed Expenses
Financial support will include travel, residence, subsistence, health insurance, pre-approved expenses of the proposed research, and reasonable compensation to cover costs incurred by host institutions were appropriate.

How to apply
Completed applications should be scanned and submitted electronically (by e-mail) to KAHEAD’s Hawaii Office (ekhlass@hawaii.edu) no later than 2 months before the proposed start of the activity. The Department Head and College Dean must approve and sign the nomination. Send copies of the application also to KAHEAD’s office in Erbil, Kurdistan (kaheadkurdistan@gmail.com). The application format is stated below:

KAHEAD Project at UH, NREM/CTAHR/UHM, 1910 East-West Road, Honolulu, HI 96822, USA
Ph: +1-808-956-6343, Fax: +1-808-956-6359, Email: kahead@hawaii.edu
Required Information

Applicants are urged to attach their G passports (first 2 pages), resumes or Curriculum Vitae (CV) and additional pages to clarify necessary details

Full Name (EXACTLY as shown on the official G passport) __________________________________________

Employing university/college or MOA division __________________________________________________

University and college where applicant is enrolled ______________________________________________

Name of academic supervisor __________________________ Name of nominator ________________________

List of completed graduate courses ____________________________________________________________

Proposed Research Details

a. Title

b. Justification/importance of the proposed topic

c. Objectives
   1.
   2.
   3.
   4.

d. Brief literature review of previous work

e. Approach/procedures/methodology to be followed for each objective
   1.
   2.
   3.
   4.
f. Abstract (maximum 200 words)

g. List of literature cited

Signature of Applicant ________________________________________________________________

Signature      Date

Administrative Approvals

Signature of Supervisor ________________________________________________________________

Signature      Date

Signature of Head of Department ________________________________________________________________

Signature      Date

Signature of College Dean ________________________________________________________________

Signature      Date

Do not write below

Program Evaluation and Approval
This section is for the use by the KAHEAD administration at UH

Comments by Reviewer and/or Prospective Co-Supervisor

________________________________________________________________________________________

Name                                     Signature                                   Date

Evaluation and Recommendation

________________________________________________________________________________________

Approval/Disapproval by KAHEAD Director, Dr. Samir EL-Swaify __________________________________

Signature      Date