**UNIVERSITY OF GHANA**

****

OFFICE OF RESEARCH, INNOVATION AND DEVELOPMENT (ORID)

**END OF AFFILIATION REPORT**

INSTRUCTIONS FOR PREPARING THIS REPORT:

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

**i. SECTION 1:** TO BE COMPLETED BY RESEARCH AFFILIATE

**ii. SECTION 2:** TO BE COMPLETED BY MENTOR

* Hand written reports will not be accepted. To request an electronic copy of this format, please send an email to [orid-researchadmin@ug.edu.gh](mailto:orid-researchadmin@ug.edu.gh)
* The Research Affiliate should complete Section ONE of this form and afterwards submit it to the Mentor who will complete Section TWO and submit the full report to ORID by the deadline indicated with the endorsement of the Director/ Head of Department (as applicable).
* The Research Affiliate may request for a copy of the full report from ORID. Mentors are strongly encouraged to provide a copy of the final report to the Affiliate.

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: TO BE COMPLETED BY RESEARCH AFFILIATE

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME:** |  | | |
| **ID NUMBER:** |  | **DURATION OF AFFILIATION:** |  |
| **HOST DEPARTMENT** |  | | |
| **EMAIL ADDRESS:** |  | | |
| **NAME OF MENTOR:** |  | | |
|  | | | |
| **RESEARCH TITLE:** |  | | |

**1. GOAL(S) AND OBJECTIVES**

**Please indicate below what your goal(s) and objectives were for seeking affiliation at the University of Ghana:**

* Did the above goal(s) and objectives change over the period of the affiliation? *(Please tick as applicable)*

**YES NO**

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

**Indicate the reason(s) for the change and the new goal(s) and objectives below**

**2. REPORT ON WORK UNDERTAKEN DURING THE AFFILIATION PERIOD** *(Maximum 1 Page)*

**Give a report on the work you have done as a UG Research Affiliate and state its current stage**

**3. SUMMARY OF OUTCOMES OF RESEARCH PROJECT UNDERTAKEN DURING THE AFFILIATION PERIOD**

**Summarize the major project outcomes (e.g. research publications) including any key research findings**

**4. OPPORTUNITIES FOR COLLABORATION**

Please complete the table below if you received opportunities for further collaboration with other UG faculty members

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME OF FACULTY MEMBER** | **DEPARTMENT** | **EMAIL ADDRESS** | **TYPE OF COLLABORATION** | **Output**  *(where applicable)* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| *Please add on as many rows needed* |  |  |  |  |

**5. PUBLICATIONS/ RESEARCH DISSEMINATION**

Complete the table below if any publications have emanated from your research work during the period of affiliation

|  |  |  |  |
| --- | --- | --- | --- |
| **AUTHOR(S)** | **TITLE OF PUBLICATION** | **NAME OF JOURNAL** | **YEAR OF PUB., VOL. & PAGE NO.** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| *Please add on as many rows needed* |  |  |  |

**6. CONSTRAINTS/ CHALLENGES**

**What were the major constraints/ challenges encountered and how did these affect your relationship with your Mentor**

1. Indicate below how these constraints/ challenges were resolved

**7. LESSONS LEARNT**

**8. GENERAL EXPERIENCE BEFORE AND DURING THE PERIOD OF AFFILIATION TO UG**

**How did you find out about the possibility of being affiliated to the University of Ghana and how will you describe your stay at the University of Ghana?**

**Were your expectations met? Please provide a reason for your answer**

**What in your opinion will enhance the experience of research affiliates at UG?**

**END OF SECTION ONE**

PLEASE SIGN AND DATE THIS FORM AND SUBMIT TO YOUR MENTOR, WHO WILL COMPLETE SECTION TWO AND SUBMIT THE FULL REPORT TO ORID

|  |  |
| --- | --- |
| **SIGNATURE OF RESEARCH AFFILIATE:** | **DATE:** |

SECTION TWO: TO BE COMPLETED BY MENTOR

**9. GOAL(S) AND OBJECTIVES**

**Were the main objectives of the affiliation achieved? Please provide an explanation for your answer.**

**10. OPPORTUNITIES FOR COLLABORATION**

Please indicate in the table below, information on opportunities for further collaboration/ co-operation that were made available to the Research Affiliate

|  |  |  |  |
| --- | --- | --- | --- |
| **TYPE OF COLLABORATION** | **DESCRIPTION** | **NAME OF FACULTY MEMBER/ CONTACT PERSON** | **RESPONSE FROM RESEARCH AFFILIATE**  *(i.e., Positive or Negative)* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| *Please add on as many rows needed* |  |  |  |

**11. GENERAL DESCRIPTION OF THE AFFILATION PERIOD**

**How would you describe the Affiliation period (from your perspective as a Mentor)?**

**12. CONSTRAINTS/ CHALLENGES**

**What were the major constraints/ challenges that affected the relationship between you and the Affiliate and how were these resolved?**

**13. LESSONS LEARNT**

**What in your opinion will enhance the experience of Mentors of research affiliates at UG?**

**END OF SECTION TWO**

PLEASE SIGN AND GET THE REPORT ENDORSED BY YOUR DIRECTOR/ HEAD OF DEPARTMENT (AS APPLICABLE) AND SUBMIT THE FULL REPORT TO ORID. WE ENCOURAGE YOU TO MAKE A COPY OF THE REPORT AVAILABLE TO THE RESEARCH AFFILIATE

|  |  |
| --- | --- |
| **NAME OF MENTOR:** | |
| **SIGNATURE:** | **DATE:** |

ENDORSEMENT BY DIRECTOR/ HEAD OF DEPARTMENT (AS APPICABLE)

|  |  |
| --- | --- |
| **NAME:** | |
| **SIGNATURE AND STAMP:** | **DATE:** |