# [RESEARCHER / SCHOLAR FULL NAME, Ph.D.]

**DEPARTMENT / FACULTY AFFILIATION | UNIVERSITY / RESEARCH INSTITUTE**

INSTITUTIONAL EMAIL: _____ PHONE: _____ ORCID iD: 0000-000____-____ SCHOLAR URL: _____

## 1. EDUCATION & ACADEMIC CREDENTIALS

**Ph.D. in** _____ University: _____ Year: 20____

*Dissertation: Title:* _____ *Advisor:* _____

**M.S. / M.A. in** _____ University: _____ Year: 20____

**B.S. / B.A. in** _____ University: _____ Year: 20____

## 2. RESEARCH SPECIALIZATIONS & METHODOLOGICAL TOOLKIT

**PRIMARY FIELDS:** _____

**METHODS / LAB TOOLS:** _____

## 3. PEER-REVIEWED JOURNAL PUBLICATIONS & BOOK CHAPTERS

**[1]** Authors: _____ Year: (20____)

Title: "_____"

*Journal:* _____ *Vol:* ____, *Issue:* ____, *pp.* _____ *DOI: 10.____/_____*

**[2]** Authors: _____ Year: (20____)

Title: "_____"

*Journal:* _____ *Vol:* ____, *Issue:* ____, *pp.* _____ *DOI: 10.____/_____*

**[3]** Authors: _____ Year: (20____)

Title: "_____"

*Journal:* _____ *Vol:* ____, *Issue:* ____, *pp.* _____ *DOI: 10.____/_____*

## 4. RESEARCH GRANTS, FELLOWSHIPS & COMPETITIVE AWARDS

**Grant / Fellowship 1:** Funding Agency: _____ Amount: $ _____ Dates: 20____ - 20____

**Grant / Fellowship 2:** Funding Agency: _____ Amount: $ _____ Dates: 20____ - 20____

**Grant / Fellowship 3:** Funding Agency: _____ Amount: $ _____ Dates: 20____ - 20____

## 5. TEACHING EXPERIENCE & COURSE INSTRUCTION

**Course 1:** _____ Role: [ ] Instructor of Record [ ] Co-Lecturer [ ] TA Terms Taught: _____

**Course 2:** _____ Role: [ ] Instructor of Record [ ] Co-Lecturer [ ] TA Terms Taught: _____

**Course 3:** _____ Role: [ ] Instructor of Record [ ] Co-Lecturer [ ] TA Terms Taught: _____

## 6. ACADEMIC REFERENCES & CONFIDENTIAL LETTERS OF RECOMMENDATION

### REFEREE #1

Name: _____

Title: _____

Dept: _____

Institution: _____

Email: _____

Phone: _____

Relationship: Advisor / Chair

### REFEREE #2

Name: _____

Title: _____

Dept: _____

Institution: _____

Email: _____

Phone: _____

Relationship: Advisor / Chair

### REFEREE #3

Name: _____

Title: _____

Dept: _____

Institution: _____

Email: _____

Phone: _____

Relationship: Advisor / Chair