



Team Lead Biographical Sketch Form

All HIBAR Research Team leads must complete the form below. **No additional documents will be accepted.**

Name:

Title/Rank:

Professional address:

Telephone:

Email:

a) Professional Preparation

Undergraduate Institution:

Major:

Year of completion:

Master's Institution:

Research area:

Year of completion:

Doctoral Institution:

Research area:

Year of completion:

Post-doctoral Institution:

Research area:

Year of completion:



RESEARCH



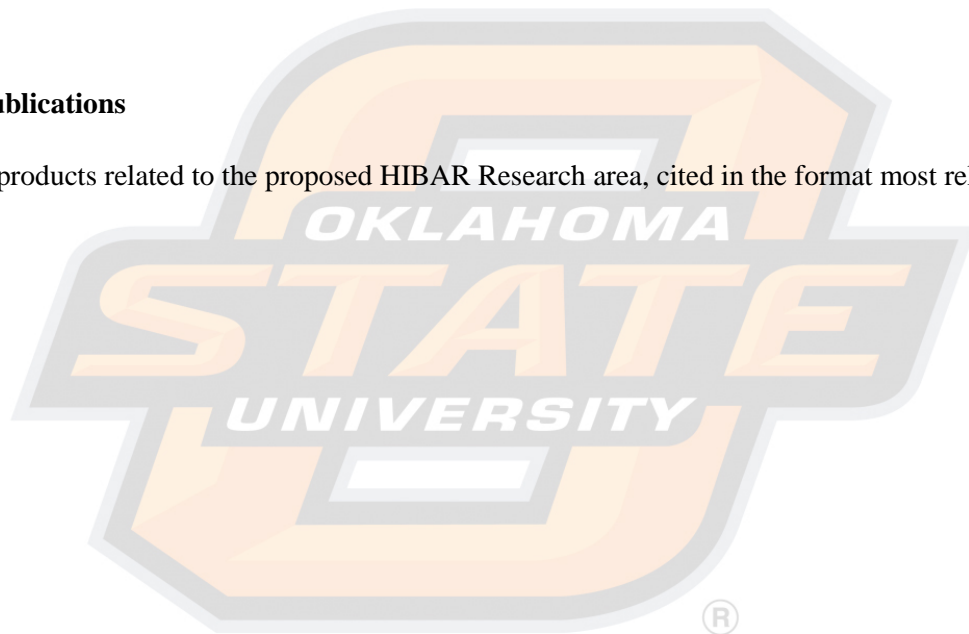
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b) Appointments

List in reverse chronological order academic/professional appointments for no longer than the past ten (10) years.

c) Products/Publications

List the top five products related to the proposed HIBAR Research area, cited in the format most relevant to your field.



d) Synergistic Activities

List up to five examples of professional engagement, community service, or applicable experiences relevant to the proposed HIBAR Research area.

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