

AKPIA Postdoctoral Fellowship Program for Historical Research in Islamic Art and Architecture

The deadline for 2023–2024 Postdoctoral Fellowship applications is March 15, 2023. Results are announced by May 2023.

- The Selection Committee will **not** consider applications received after the deadline.
- The Selection Committee will **not** consider incomplete applications.
- Materials should be submitted by via email, sent within one message to: agakhan@fas.harvard.edu
- Materials may also be submitted by **hard copy** to: **Aga Khan Program for Islamic Architecture**

**Harvard University
AKPIA Fellowship Program
485 Broadway, Sackler 415
Cambridge, MA 02138, USA**

- Fellowships support **historical research** in art and architectural history and archaeology.
- Housing is **not** provided; Fellows are responsible for finding their own housing.
- Applicants **must** be fluent in English; applicants may be asked for a Skype interview.

Applicant

Applicant's Legal Name (Enter name **exactly** as it appears on official documents.)

Title First/Given Name Middle Name Surname/Family Name

Permanent Home Address

Number & Street Apartment/Suite

City/Town State/County/Province

Country ZIP/PostalCode

Current Mailing Address (If different than permanent home address, provide the address for all correspondence.)

Number & Street Apartment/Suite

City/Town State/County/Province

Country ZIP/PostalCode

Telephone Include country codes Include country codes

Email Address

Current Position/Institution

☐ Tenured ☐ Tenure-Track ☐ Other:

Proposal

The duration of AKPIA Fellowships are usually a minimum of three (3) months, and a maximum of twelve (12) months, ordinarily between September and May; minimum may be negotiable. **Residency during appointment is required.**

Harvard University's fall semester runs from September through mid-December, and the spring semester runs from late January through mid-May. Before completing this section, consult Harvard University's FAS Multi-Year Academic Calendar to review all relevant dates: <https://registrar.fas.harvard.edu/calendars>

This application is for: ☐ an Unfunded Fellowship, or ☐ a Funded Fellowship, or ☐ a Partially Funded Fellowship

Please describe your source of funds, if applying for an Unfunded or Partially Funded Fellowship (grant, sabbatical leave, etc):

Amount requested (funds from Harvard): \$ _____ USD. (Provide budget/timeline in proposal)

Research Topic Title _____

Requested Dates of Stay from _____ to _____
dd-mm-yyyy dd-mm-yyyy

Harvard Affiliation

Have you previously had a Harvard University affiliation? ☐ No.
☐ Yes, from _____ to _____
month & year month & year

If yes, specify: Department or Program _____
Position, Title, or Degree Earned _____
Your Harvard ID number _____

Recommendations

Confidential letters of recommendation are required from **two** professionals who are familiar with and can comment on your research. Letters may be sent by post or email (see addresses on page 1).

- ☐ The letters of recommendation will be mailed or e-mailed **directly** to the AKPIA office by my recommenders.
- ☐ The letters of recommendation are enclosed with my other application materials in their original, **sealed** envelopes signed by the letter-writer across the back (to ensure the confidentiality of the letters).

1. _____
Recommender's Name Institution Name
2. _____
Recommender's Name Institution Name

Demographics

This section is optional. No information you provide will be used in a discriminatory manner. Information will only be used to begin the appointment process for applicants who are offered a Fellowship appointment.

Date of Birth _____
dd-mm-yyyy

US Social Security Number (SSN) ☐ is _____

☐ I have an SSN *

☐ I do not have an SSN

** I will provide the SSN if/when necessary*

Gender:

- ☐ male
☐ female
☐ other
☐ prefer not to say

Citizenship/I-9 Status:

- ☐ US Citizen
☐ Alien, Permanent
☐ Alien, Temporary
☐ None of the above

Marital Status:

- ☐ single
☐ married
☐ divorced
☐ separated
☐ widowed

Applicant's City of Birth _____

Country of Birth _____

Country of Permanent Residence _____

Country of Citizenship _____

Education

Undergraduate Degree. (Undergraduate transcript **not** required with application.)

University/Institution *City/Country* *Degree earned* *month & year*

Graduate Degrees. One **official transcript** must be mailed from **each** institution at which you have pursued graduate and postgraduate studies. Photocopied transcripts will be accepted if originals cannot be sent by the deadline.

- ☐ The official transcripts will be mailed **directly** to the AKPIA office by the following institution(s).
☐ Official transcripts are enclosed with application materials.

University/Institution *City/Country* *Degree earned* *month & year*

University/Institution *City/Country* *Degree earned* *month & year*

University/Institution *City/Country* *Degree earned* *month & year*

University/Institution *City/Country* *Degree earned* *month & year*

University/Institution *City/Country* *Degree earned* *month & year*

Application Materials Checklist

Two copies of each (if sending by post) must be submitted together:

- a) Application coversheet (*this document*) ☐
- b) Research proposal, including research timeline ☐
- c) Curriculum vitae ☐
- d) Recent research publication (*writing sample*) ☐
- e) A second research publication ☐

In addition, the following are required:

- f) Transcripts ☐ (*1 per institution*)
- g) Recommendation letters ☐ (*1 per recommender*)

Send all application materials to:

**Aga Khan Program for Islamic Architecture
Harvard University
AKPIA Fellowship Program
485 Broadway, Sackler 415
Cambridge, MA 02138, USA**

or agakhan@fas.harvard.edu, with all materials attached in one message (preferred)

General Information

Please visit the website of the Aga Khan Program for Islamic Architecture at Harvard University for information about Fellowships, research topics of past Fellows, related academic programs, and publications:
<http://agakhan.fas.harvard.edu>

Certification

I certify that the information contained in this application and in all supporting materials is true and correct and that no attempt has been made to conceal pertinent information. I agree that the Program and the University have my permission to verify it. I understand that any false, incomplete, or withheld information renders this application void and may be grounds for withdrawal or termination of an Fellowship position if discovered after an offer has been made. I understand that if my application is received late or is incomplete, it will not be considered.

I understand that my application materials will not be returned to me. I further understand that the letters of recommendation are confidential, and I will not be permitted to read them.

If accepted, finding housing is my own responsibility as the Program does not provide housing or rental assistance. My signature below acknowledges that, if accepted as a Fellow, I will adhere to all Program and University policies.

Applicant Signature _____

Date _____
dd-mm-yyyy