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# Application for Research Associate and Visiting Faculty Position, 2017-18

To apply for a WSRP Research Associate and Visiting Faculty position, please fill in the form below. Please **save your application often** by hitting the Save Document button at the bottom of the form. You will be allowed to return to the form to complete it. Once you hit the FINAL SUBMIT button, your form will be sent to the WSRP, and you will no longer be able to edit it. Once your application has been received, you will receive an email message confirming your submission. An asterisk denotes required fields; if a required field is left blank in your final submission, you will receive an error message and be directed back to the application.

All application materials, including letters of recommendation, must be received by October 15, 2016. Applicants must have received their Ph.D. by October 1, 2016.

Please contact the WSRP office at [wsrp@hds.harvard.edu](mailto:wsrp@hds.harvard.edu) or 617.495.5705 if you have any questions.

Please [log off](#) to exit this session.

## Basic Information

### Name\*

Title:

First:

Middle:

Last:

Suffix:

### Institution\*

### Title/Position\*

### Academic Rank\*

- Assistant Professor
- Associate Professor
- Professor

- Instructor/Lecturer
- Independent Scholar
- Researcher
- Other

If Other above, please explain:

Highest Degree Received and Year Received\*

Institution and Department of Highest Degree Received\*

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## Contact Information

Decision letters will be sent using the preferred contact method you specify below. If you do not have a home phone, please enter your mobile number in both the "Home" and "Mobile" fields.

How would you like to receive your decision letter in spring 2017?:\*

- Postal Mail
- Email

What is your preferred mailing address?:\*

- Home Address
- Office Address

Office/Mailing Address\*

Street Address:

Address Line 2:

City:

State / Province / Region:

Postal / Zip Code:

Country:

Home Address\*

Street Address:

Address Line 2:

City:

State / Province / Region:

Postal / Zip Code:

Country:

**Office Phone\***

**Home Phone\***

**Mobile Phone**

**Email\***

**Confirm Email\***

**Biographical Information**

**Date of Birth\* (month/day/year)**

MM  / DD  / YYYY

**Citizenship\***

**Permanent Resident of the US?\***

As part of our commitment to equal employment opportunity efforts, our institution conducts a survey of all job applicants, including applicants to the Women's Studies in Religion Program. Submission of this information is entirely voluntary, and its contents are confidential to the WSRP Search Committee and Harvard University Human Resources. We do, however, appreciate your assistance and ask that you complete the following section:

**Gender\*:**

- Female
- Male
- Prefer not to specify

**Do you consider yourself to be Hispanic or Latino/a?\***

- Yes
- No
- Prefer not to specify

**In addition, select one or more of the following racial categories to describe yourself, if applicable\*:**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Prefer not to specify

**Voluntary Self-Identification of Disability**

To help us measure how well we are reaching out to, hiring, and providing equal opportunity to qualified people with disabilities, please tell us if you have a disability or if you ever had a disability. Like the other questions in this section, completing these questions is voluntary, but we hope that you will choose to fill them out. Any answer you give will be kept private and will not be used against you in any way.

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to:

Autism	Diabetes	Missing limbs or partially missing limbs
Bipolar disorder	Epilepsy	Multiple sclerosis (MS)
Blindness	HIV/AIDS	Muscular dystrophy
Cancer	Impairments requiring the use of a wheelchair	Obsessive compulsive disorder
Cerebral palsy	Intellectual disability (previously called mental retardation)	Post-traumatic stress disorder (PTSD)
Deafness	Major depression	Schizophrenia

**Disability Status\*:**

- Yes, I have a disability (or previously had a disability).
- No, I do not have a disability.
- I prefer not to specify.

**Voluntary Self-Identification of Protected Veteran Status**

Harvard University is a government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, [38 U.S.C. 4212 \(VEVRAA\)](#), which requires government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal

veterans. These classifications are defined as follows:

A “disabled veteran” is one of the following:

A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or

A person who was discharged or released from active duty because of a service-connected disability.

A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An “Armed Forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to [Executive Order 12985](#).

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

**Veteran Status\*:**

- I identify as one or more of the classifications of protected veteran listed above.
- I am not a protected veteran.
- I prefer not to specify.

## Project Information

The title entered here should match the title that appears in your research proposal, and the description should give a brief overview of the longer research proposal. You will upload the comprehensive research proposal further along in the online application.

**Project Title\***

**Project Area of Study\***

**If other area of study, please specify:**

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### Course Information

Enter the title of your course for which you will upload the full description further along in the online application. The course abstract should be a brief overview, like one that would appear in a course catalog.

**Course Title\***

**Course Abstract (not to exceed 50 words)\***

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### Educational Background

Please indicate below your primary discipline and the institutions at which you have pursued degrees, certificates, or have otherwise taken courses. If the institutions at which you have pursued degrees or taken classes exceed five, that information should be included in the CV which you will upload further along in the online application. Period of study should be entered in mm/yy - mm/yy format.

**Primary Discipline of Training\***

**Institution 1\***

Name of Institution:

Period of Study:

Field:

Degree:

Degree Date:

### Institution 2

Name of Institution:

Period of Study:

Field:

Degree:

Degree Date:

### Institution 3

Name of Institution:

Period of Study:

Field:

Degree:

Degree Date:

### Institution 4

Name of Institution:

Period of Study:

Field:

Degree:

Degree Date:

### Institution 5

Name of Institution:

Period of Study:

Field:

Degree:

Degree Date:

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### Professional History

Please indicate below institutions at which you have held academic positions, the title and level of those positions, and dates each position was/is held. If the relevant positions you have held exceed five, that information should be included in the CV which you will upload further along in the online application. Dates should be entered in mm/yy-mm/yy format. Also, please indicate all languages in which you have competence and your level of proficiency, and list awards or other honors previously or currently held.

#### Institution 1\*

Name of Institution:

Title:

Dates:

#### Institution 2

Name of Institution:

Title:

Dates:

#### Institution 3

Name of Institution:

Title:

Dates:

#### Institution 4

Name of Institution:

Title:

Dates:



**Institution 5**

Name of Institution:

Title:

Dates:

**Languages (Limit: 745 characters)**You have  characters left in the Languages field.**Honors and Awards (Limit: 1495 characters)**You have  characters left in the Honors and Awards field.**How did you learn about this program?\*****Previous Applicant?\*** I have previously applied for this position.

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## Upload Documents

Use Browse to locate and select the appropriate document, then click "Save Document." To view a document that has already been uploaded, click "Preview Saved Document."

### Research Proposal

Please give a description of your proposed research project outlining objectives and methods, in particular its focus on the interaction of religion and gender. Relate your project to the general context of women's studies scholarship, indicating its potential contribution to women's studies and to your field. **Statement should not exceed four double-spaced pages (1250 words).** (Note: Because the research prospectus is of central importance in evaluating applications, it should be written for this Program.)

**Upload Research Proposal\*** No file chosen

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**Course Description**

Please provide a title and description of the course related to your research project, which you propose to offer. The course design should place your research in a broad context appropriate to the Divinity School. Description should not exceed one page.

**Upload Course Description\*** No file chosen

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**Background in Women's Studies**

Please describe your background in women's studies and assess the importance of a Research Associate position for your work. Statement should not exceed 750 words.

**Upload Background in Women's Studies\*** No file chosen

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**Curriculum Vitae**

CV should include educational background, professional history, honors and awards, languages, and any published work with full bibliographic citation, including work in progress. CV should not exceed ten pages.

**Upload Curriculum Vitae\*** No file chosen

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**Sample of Current Work**

Please provide a sample of current work such as a chapter or article, or work of comparable length. Sample may be submitted in Word or in PDF format. Please scan articles if necessary. Contact the WSRP office (wsrp@hds.harvard.edu or 617.495.5705) if you have questions regarding submission of printed chapters and articles.

### Upload Sample of Current Work\*

No file chosen

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## References

Please give the names, institutional addresses, and email addresses of two persons from whom you are requesting letters of recommendation. They should comment on your academic qualifications and your ability to complete the proposed project. Their letters must be submitted by October 15, 2016 and it is your responsibility to see that letters are submitted in time to be considered part of your application. The WSRP will not contact recommenders directly to solicit letters of recommendation. Letters should be addressed to the WSRP Search Committee and submitted electronically in word, rich text, or PDF format to wsrprec@hds.harvard.edu.

### Reference 1

#### Reference 1 Name\*

Title:

First:

Middle:

Last:

Suffix:

#### Reference 1 Institutional Address\*

Street Address:

Address Line 2:

City:

State / Province / Region:

Postal / Zip Code:

Country:

### Reference 1 Email\*

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## Reference 2

### Reference 2 Name\*

Title:

First:

Middle:

Last:

Suffix:

### Reference 2 Institutional Address\*

Street Address:

Address Line 2:

City:

State / Province / Region:

Postal / Zip Code:

Country:

### Reference 2 Email\*

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## Statement of Agreement

By checking this box I declare that all information submitted with this application is correct to the best of my knowledge. Checking the box below serves as my electronic signature.

**Statement of Agreement\***

I have read, understood, and agree to the Statement of Agreement above.

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Save Document Erase and Start Over Final Submit