

<b>Contact Information</b>			
<b>Name: Mai Waleed Fathy</b>			
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<b>Phone contacts: 01206004642</b>			
<b>Email address: mwkhalil@Horus.edu.eg</b>			
<b>Google scholar:</b>			
<b>Research gate:</b>			
<b>Web of science:</b>			
<b>ORCID:</b>			
<b>SCOPUS:</b>			
<b>Education/ Academic qualifications ( start with your most recent education first)</b>			
<b>Year</b>	<b>School / University</b>	<b>Specialization</b>	<b>Degree</b>
<b>2022</b>	<b>Sinai University</b>	<b>Architecture engineering</b>	<b>Bachelor</b>
<b>Academic Employment History (start with your most recent education first)</b>			
<b>From:</b>	<b>To:</b>	<b>University / Organization</b>	<b>Title of Position</b>
<b>2022</b>	<b>Until now</b>	<b>Horus University</b>	<b>Administrator</b>
<b>Administrative Positions:</b>			
<b>From:</b>	<b>To:</b>	<b>University / Organization</b>	<b>Title of Position</b>
<b>2022</b>	<b>Until now</b>	<b>Horus University</b>	<b>Administrator</b>
<b>Teaching Experience (Courses, Language, Higher Education Only)</b>			
From 2022 till now at Horus university			
<b>Publications:</b>			
Identify type of publication: book, refereed article, book chapter, journal article, non-refereed paper, major report, technical reports, research funds/grants			
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*I do hereby declare that the information furnished above is true to the best of my knowledge.*

**Name:**

**Signature:**

**Other Relevant Experience**

*I do hereby declare that the information furnished above is true to the best of my knowledge.*

**Name:**

**Signature:**

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*I do hereby declare that the information furnished above is true to the best of my knowledge.*

**Name:**

**Signature:**