

Form (2- Faculty Members)

Curriculum vitae (brief) for a faculty member

First: Personal Information

Shaima Farid Abdel Rahman				Name	
Teaching Assistant				Position/Degree	
Psychology	Department	Education	Faculty	Place of work	
Special Education				Specialization	
	Fax	01098033629	Work	Phone	
shimaafared333@icloud.com				E-mail	
	Postal code		City	ص.ب.	mail address

Second: Practical Information

Specialization	County	University Name	Graduation year	Degree
Special Education	Giza	October 6 University	2019-2020	bachelor's degree
Special Education	Cairo	Ain Shams	2020-2021	Vocational Diploma

Third: Academic Record

Date	Place of work	Position
2020-2021	Department of Psychology, October 6 University	Teaching Assistant

Forth: Practical Information

Date	University	Training	م
2018	October 6 University	Learning Disability	1