



– Expert Information Form Procedures for preparing and updating the database of  
engineering consulting and studies Advanced Design and Manufacturing Center /

QF35/0007-1.0

**Expert Information  
Faculty Information**

Job Number		the name	
College		Academic Department	
Subspecialty		Number of years of experience	
Academic Rank		phone number	
e-mail			

**Previous experience in consulting/studies (if any)**

-1
-2
-3
-4

and the entities that can benefit from The areas of consultations/studies you wish to provide them

<b>First: Areas of consultations/studies</b>
-1
-2
-3
-4
<b>Second: Beneficiaries</b>
-1
-2
-3
-4

Faculty Member Signature		the date	
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Dean of the College		Signature and date	
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**Advanced Design and Manufacturing Center Procedures**

Head of Studies and Training Division		Signature and date	
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Director of Advanced Design and Manufacturing Center		Signature and date	
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