



Student Name (Print Last Name, First, M.I.) **Kittipong Techapanichgul**

Date **20 Feb 2006**

Social Security Number **2045738**

Telephone Number (If Phone Request)

Recipient Address:

OVER THE COUNTER

147 North Craig Street, Apartment 25

Pittsburgh, PA 15213

Kittipong Techapanichgul

Student's Signature

ENROLLMENT INFORMATION

Term	Date	Status	Term	Date	Status
FALL	08/30/04-12/18/04	FULL-TIME			
SPRING	01/05/05-04/30/05	FULL-TIME			
SUMMER	05/02/05-08/08/05	LESS THAN HALF-TIME			
FALL	08/29/05-12/17/05	FULL-TIME			

Anticipated Date of Graduation _____

DEGREE CONFIRMATION

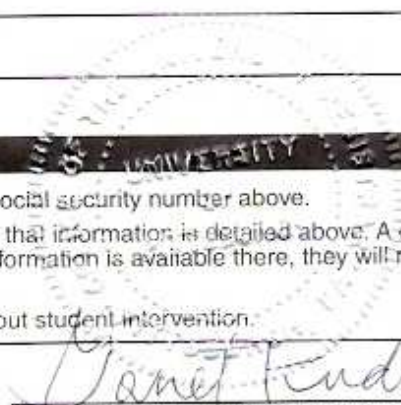
Degree(s)	Date	Major	Honors
MASTER OF SCIENCE IN INFOMATION SCIENCE	12/17/05	INFORMATION SCIENCES	

OTHER

UNABLE TO CONFIRM

- The information requested is not available on this campus for the name and social security number above.
- The Registrar's Office can only provide part of the information you requested; that information is detailed above. A copy of your request has been forwarded to the student's Academic Center. If additional information is available there, they will respond directly.
- There is a hold on the student's records. Information cannot be released without student intervention.

Seal



Janet Fendran
Signature, Supervisor, Transcripts and Certification

MA
Processed by

02/24/06

Date