VERIFICATION REQUEST

Georgia Institute of Technology Student Records Office, Atlanta, Ga 30332-0315 comments@registrar.gatech.edu, Fax 404-894-0167

PERSONAL INFORMATION						
		Currently Enrolled	Yes X	No		
Print Name	Wang		Liya			P Middle
GTID # or SSN	902068868		+irst			міадіе
Phone Number	+86 13127898850)			Date of Birth	10 / 30 / 1986
Email Address	liyawang@gatech	ı.edu				
TYPE OF VERIFICATION						
	Academic Standin	g			Pre-Reg	gistration Letter
	Certification of De	gree			Rank	
X	_ Degree Pending				Transie	nt Letter
	_ Overall GPA					
ORDER INFORMATION						
1	_ Number of copies					
Check here to pick up verification in person (PHOTO ID REQUIRED)						
Mailir	ng Address or Fax	PURDUE UNIVE School of Electric		er Engineering		
		ECE Graduate Off	fice			
		465 Northwestern	Ave.	<u> </u>		
		West Lafayette, IN	N 47907-2035			
Special Instructions: I have submitted GT MS ECE degree petition for May 2010 graduation.						
			··			
Signature:	ye O dig	100		<u> "</u>	***	11, 30,2009