



801 Ostrum Street  
Bethlehem, PA 18015  
610-954-4000

NMSB1

July 12, 2007

Medical Licensing Branch  
U.S.N.R.C. Region I  
475 Allendale Rd.  
King of Prussia, PA 19406-1415

Re: EXPEDITED AMENDMENT REQUEST

To whom it may concern,

03003100

Please be advised of the following proposed addition to the list of authorized medical physicists on our N.R.C. license #37-07939-01 (St. Luke's Hospital).

We wish to add Seungsoo Lee, Ph.D to our list of authorized medical physicists for the following material and use:

- Iridium-192 in a High Dose Rate Remote Afterloader Unit for calibrations, spot checks, and training;
- I-125 in a seedSelectron 130.001 brachytherapy afterloader for calibrations, spot-checks and training.

Please find the attached copy of NRC Form 313A (AMP) detailing Dr. Lee's training and experience.

If you have any questions, please contact our consultant medical physicist Mark Liddington at 1-800-446-7622 ext. 2.

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Dutterer".

Lisa Dutterer  
Associate Vice President, Administration  
St. Luke's Hospital and Health Network

140801

NMSS/RGN1 MATERIALS-002

BEST PLACES  
to work in **PA**

NRC FORM 313A (AMP)  
(10-2006)

U.S. NUCLEAR REGULATORY COMMISSION

**AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE  
AND PRECEPTOR ATTESTATION  
[10 CFR 35.51]**APPROVED BY OMB: NO. 3150-0120  
EXPIRES: 10/31/2008

Name of Proposed Authorized Medical Physicist

**SEUNG SOO LEE**

Requested

Authorization(s)

(check all that apply)

☐

35.400 Ophthalmic use of strontium-90

☒

35.600 Teletherapy unit(s)

☒

35.600 Remote afterloader unit(s)

☐

35.600 Gamma stereotactic radiosurgery unit(s)

**PART I - TRAINING AND EXPERIENCE**

(Select one of the three methods below)

\*Training and Experience, including Board Certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

☐ **1. Board Certification**

- Provide a copy of the board certification.
- Go to the table in 3.c. and describe training provider and dates of training for each type of use for which authorization is sought.
- Skip to and complete Part II Preceptor Attestation.

☐ **2. Current Authorized Medical Physicist Seeking Additional Authorization for use(s) checked above**

- Go to the table in section 3.c. to document training for new device.
- Skip to and complete Part II Preceptor Attestation

☒ **3. Education, Training, and Experience for Proposed Authorized Medical Physicist**

- Education: Document master's or doctor's degree in physics, medical physics, other physical science, engineering, or applied mathematics from an accredited college or university.

Degree

**Ph.D**

Major Field

**Nuclear Engineering**

College or University

**University of Florida**

- Supervised Full-Time Medical Physics Training and Work Experience in clinical radiation facilities that provide high-energy external beam therapy (photons and electrons with energies greater than or equal to 1 million electron volts) and brachytherapy services.

- ☒ Yes. Completed 1 year of full-time training in medical physics (for areas identified below) under the supervision of **PEI-FONG WONG** who meets the requirements for an Authorized Medical Physicist.

**AND**

- ☒ Yes. Completed 1 year of full-time work experience in medical physics (for areas identified below) under the supervision of **PEI-FONG WONG** who meets the requirements for an Authorized Medical Physicist.

NRC FORM 313A (AMP)  
(10-2006)

U.S. NUCLEAR REGULATORY COMMISSION

## AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

## 3. Education, Training, and Experience for Proposed Authorized Medical Physicist (continued)

## b. Supervised Full-Time Medical Physics Training and Work Experience (continued)

If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.

Description of Training/Experience	Location of Training/License or Permit Number of Training Facility/Medical Devices Used+	Dates of Training*	Dates of Work Experience*
Medical Physics	M.D. Anderson Cancer Center Houston	SEPTEMBER 2002 ~ AUGUST 2003	SEPT. 2003 ~ Aug. 2004
Performing sealed source leak tests and inventories	M.D. Anderson Cancer Center Houston	SEPT. 2002 ~ Aug. 2003	SEPT. 2003 ~ Aug. 2004
Performing decay corrections	M.D. Anderson Cancer Center Houston	SEPT. 2002 ~ Aug. 2003	SEPT. 2003 ~ Aug. 2004
Performing full calibration and periodic spot checks of external beam treatment unit(s)	M.D. Anderson Cancer Center Houston	SEPT. 2002 ~ Aug. 2003	SEPT. 2003 ~ Aug. 2004
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)	—	—	—
Performing full calibration and periodic spot checks of remote afterloading unit(s)	M.D. Anderson Cancer Center Houston	SEPT. 2002 ~ Aug. 2003	SEPT. 2003 ~ Aug. 2004
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)	M.D. Anderson Cancer Center Houston	SEPT. 2002 ~ Aug. 2003	SEPT. 2003 ~ Aug. 2004

Supervising Individual\*\*

PEI-FONG WONG

License/Permit Number listing supervising individual as an authorized Medical Physicist

L03084 TX

for the following types of use:

☒ Remote afterloader unit(s)    ☒ Teletherapy unit(s)    ☐ Gamma stereotactic radiosurgery unit(s)

\* Training and work experience must be conducted in clinical radiation facilities that provide high-energy external beam therapy (photons and electrons with energies greater than or equal to 1 million electron volts) and brachytherapy services.

\*\* 1 year of Full-time medical physics training and 1 year of full time work experience cannot be concurrent.

\*\*\* If the supervising medical physicist is not an authorized medical physicist, the licensee must submit evidence that the supervising medical physicist meets the training and experience requirements in 10 CFR 35.51 and 35.59 for the types of use for which the individual is seeking authorization.

NRC FORM 313A (AMP)  
(10-2008)

U.S. NUCLEAR REGULATORY COMMISSION

## AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Education, Training, and Experience for Proposed Authorized Medical Physicist (continued)

## b. Supervised Full-Time Medical Physics Training and Work Experience (continued)

If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.

Description of Training/Experience	Location of Training/License or Permit Number of Training Facility/Medical Devices Used*	Dates of Training*	Dates of Work Experience*
Medical Physics	Elmhurst Hospital/Queens Hospital 91-2901-01 21EX		Sept. 2004 ~ June 2007
Performing sealed source leak tests and inventories	Elmhurst Hospital/Queens Hospital 91-2901-01 Var: source		Sept. 2004 ~ April 2006
Performing decay corrections	Elmhurst Hospital/Queens Hospital 91-2901-01 Var: source		Sept. 2004 ~ April 2006
Performing full calibration and periodic spot checks of external beam treatment unit(s)	Elmhurst Hospital/Queens Hospital 91-2901-01 21EX		Sept. 2004 ~ June 2007
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)	—	—	—
Performing full calibration and periodic spot checks of remote afterloading unit(s)	Elmhurst Hospital/Queens Hospital 91-2901-01 Var: source		Sept. 2004 ~ April 2006
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)	Elmhurst Hospital/Queens Hospital 91-2901-01 21EX / Var: source		Sept. 2004 ~ June 2007

Supervising Individual\*\*

ZHIGANG XU

License/Permit Number listing supervising individual as an authorized Medical Physicist

91-2901-01

for the following types of use:

☒ Remote afterloader unit(s)☒ Teletherapy unit(s)☐ Gamma stereotactic radiosurgery unit(s)

\* Training and work experience must be conducted in clinical radiation facilities that provide high-energy external beam therapy (photons and electrons with energies greater than or equal to 1 million electron volts) and brachytherapy services.

\*\* 1 year of Full-time medical physics training and 1 year of full time work experience cannot be concurrent.

\*\*\* If the supervising medical physicist is not an authorized medical physicist, the licensee must submit evidence that the supervising medical physicist meets the training and experience requirements in 10 CFR 35.51 and 35.59 for the types of use for which the individual is seeking authorization.

NRC FORM 313A (AMP)  
(10-2006)

U.S. NUCLEAR REGULATORY COMMISSION

## AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

## 3. Education, Training, and Experience for Proposed Authorized Medical Physicist (continued)

c. Describe training provider and dates of training for each type of use for which authorization is sought.

Description of Training	Training Provider and Dates		
	Remote Afterloader	Teletherapy	Gamma Stereotactic Radiosurgery
Hands-on device operation	Physicist Nucletron Feb. 2003	Physicist Varian 2100 Dec. 2002	-
Safety procedures for the device use	Physicist Feb. 2003	Physicist Varian 2100 Dec. 2002	-
Clinical use of the device	Physicist Feb. 2003	Physicist Varian 2100 Dec. 2002	-
Treatment planning system operation	Physicist PLATO Feb. 2003	Physicist ADAC Pinnacle 3 Dec. 2002	-

## Supervising Individual

If training is provided by Supervising Medical Physicist, (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)

License/Permit Number listing supervising individual as an authorized Medical Physicist

PEI-FANG WANG

L03084 TX

for the following types of use:

☒ Remote afterloader unit(s)☒ Teletherapy unit(s)☐ Gamma stereotactic radiosurgery unit(s)

If Applicable:

Authorization Sought	Device	Training Provided By	Dates of Training
35.400 Ophthalmic Use of strontium-90			

d. Skip to and complete Part II Preceptor Attestation.

NRC FORM 313A (AMP)  
(10-2006)

U.S. NUCLEAR REGULATORY COMMISSION

**AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)****3. Education, Training, and Experience for Proposed Authorized Medical Physicist (continued)**

c. Describe training provider and dates of training for each type of use for which authorization is sought.

Description of Training	Training Provider and Dates		
	Remote Afterloader	Teletherapy	Gamma Stereotactic Radiosurgery
Hands-on device operation		Varian 21EX Dec. 2004	—
Safety procedures for the device use		Varian 21EX Dec. 2004	—
Clinical use of the device		Varian 21EX Dec. 2004	—
Treatment planning system operation		Varian Eclipse Feb. 2005	—

**Supervising Individual**

If training is provided by Supervising Medical Physicist, (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)

License/Permit Number listing supervising individual as an authorized Medical Physicist

for the following types of use:

☐ Remote afterloader unit(s)☒ Teletherapy unit(s)☐ Gamma stereotactic radiosurgery unit(s)

If Applicable:

Authorization Sought	Device	Training Provided By	Dates of Training
35400 Ophthalmic Use of strontium-90			

d. Skip to and complete Part II Preceptor Attestation.

NRC FORM 313A (AMP)  
(10-2006)

U.S. NUCLEAR REGULATORY COMMISSION

**AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)****PART II - PRECEPTOR ATTESTATION**

**Note:** This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

**First Section****Check one of the following:****1. Board Certification**

☐ I attest that \_\_\_\_\_ has satisfactorily completed the requirements in  
Name of Proposed Authorized Medical Physicist  
 10 CFR 35.51(a)(1) and (a)(2).

**OR****2. Education, Training, and Experience**

☒ I attest that Seungsoo Lee has satisfactorily completed the 1-year of full-time  
Name of Proposed Authorized Medical Physicist  
 training in medical physics and an additional year of full-time work experience as required by 10 CFR 35.51(b)(1).

**AND****Second Section****Complete the following:**

☒ I attest that Seungsoo Lee has training for the types of use for which authorization  
Name of Proposed Authorized Medical Physicist  
 is sought that include hands-on device operation, safety procedures, clinical use, and the operation of a treatment planning system.

**AND****Third Section****Complete the following:**

☒ I attest that Seungsoo Lee has achieved a level of competency sufficient to  
Name of Proposed Authorized Medical Physicist  
 function independently as an Authorized Medical Physicist for the following:

- ☐ 35.400 Ophthalmic use of strontium-90 ☒ 35.600 Teletherapy unit(s)  
☒ 35.600 Remote afterloader unit(s) ☐ 35.600 Gamma stereotactic radiosurgery unit(s)

**AND****Fourth Section****Complete the following for preceptor attestation and signature:**

☒ I meet the requirements in 10 CFR 35.51, or equivalent Agreement State requirements for Authorized Medical Physicist for the following:

- ☐ 35.400 Ophthalmic use of strontium-90 ☒ 35.600 Teletherapy unit(s)  
☒ 35.600 Remote afterloader unit(s) ☐ 35.600 Gamma stereotactic radiosurgery unit(s)

Name of Preceptor

Signature

Telephone Number

Date

PEI-Fong Wong  
 License/Permit Number/Facility Name

713-792-5326 7/6/07

L03084 TX

MD Anderson Cancer Center, Houston, TX

NRC FORM 313A (AMP)  
(10-2006)

U.S. NUCLEAR REGULATORY COMMISSION

## AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

## PART II - PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

## First Section

Check one of the following:

1. Board Certification

☐ I attest that \_\_\_\_\_ has satisfactorily completed the requirements in  
Name of Proposed Authorized Medical Physicist  
 10 CFR 35.51(a)(1) and (a)(2).

OR

2. Education, Training, and Experience

☒ I attest that Seungsoo Lee has satisfactorily completed the 1-year of full-time  
Name of Proposed Authorized Medical Physicist  
 training in medical physics and an additional year of full-time work experience as required by 10 CFR 35.51(b)(1).

AND

## Second Section

Complete the following:

☒ I attest that Seungsoo Lee has training for the types of use for which authorization  
Name of Proposed Authorized Medical Physicist  
 is sought that include hands-on device operation, safety procedures, clinical use, and the operation of a treatment planning system.

AND

## Third Section

Complete the following:

☒ I attest that Seungsoo Lee has achieved a level of competency sufficient to  
Name of Proposed Authorized Medical Physicist  
 function independently as an Authorized Medical Physicist for the following:

- ☐ 35.400 Ophthalmic use of strontium-90 ☒ 35.600 Teletherapy unit(s)  
☒ 35.600 Remote afterloader unit(s) ☐ 35.600 Gamma stereotactic radiosurgery unit(s)

AND

## Fourth Section

Complete the following for preceptor attestation and signature:

☒ I meet the requirements in 10 CFR 35.51, or equivalent Agreement State requirements for Authorized Medical Physicist for the following:

- ☐ 35.400 Ophthalmic use of strontium-90 ☒ 35.600 Teletherapy unit(s)  
☒ 35.600 Remote afterloader unit(s) ☐ 35.600 Gamma stereotactic radiosurgery unit(s)

Name of Preceptor <u>ZHIGANG XU</u>	Signature <u>Zhigang Xu</u>	Telephone Number <u>631-444-3617</u>	Date <u>6/25/07</u>
License/Permit Number/Facility Name <u>91-2901-01</u> <u>Queens Hospital Center</u>			





# UNIVERSITY OF FLORIDA

## Official Academic Transcript

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225 Croft Hall, Box 114000  
Gainesville, FL 32611-4000

www.ufl.edu  
www.registrar.ufl.edu  
352-992-1374

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STUDENT NAME: SEUNGSOO LEE  
SOCIAL SECURITY NUMBER: [REDACTED] UFID: 7925-9470  
DATE OF BIRTH: [REDACTED]  
GENDER: MALE  
BASIS OF ADMISSION: GRADUATE  
COLLEGE: ENGINEERING  
MAJOR: NUCLEAR ENGINEERING SCIENCES  
RESIDENCE STATUS: ALIEN  
DATE PRINTED: MAY 04, 2007  
TYPE OF CREDIT: SEMESTER HOURS  
COPIES REQUESTED: 03 COPY NUMBER: 03 PAGE NO.: 01

SEUNGSOO LEE

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Stephen J. Lee Jr.  
University Registrar

Prefix & Course Number	Course Title	Course Number	Credit	Credit Earned	Credit Allowed	Prefix & Course Number	Course Title	Course Number	Credit	Credit Earned	Credit Allowed
GRE VRS QUN ANL	TOTAL DATS					KYUNG HEE UNIVERSITY-KOREA					
430 590 410	1020 10/93										
KYUNGHEE UNIV						GRADUATE SCHOOL HAS ALLOWED GRADUATE CREDIT FOR THE FOLLOWING COURSE(S) TAKEN PRIOR TO ADMISSION TO THE GRADUATE SCHOOL					
	1985 WINTER					NRC CREDIT ALLOWED					
RECEIVED BACHELOR OF ENGINEERING						EARNED HRS 24.00 GRADE PTS 0 HRS CARRIED 0.00					
KYUNGHEE UNIV						UNIVERSITY OF FLORIDA					
	1989 SUMMER					SEC					
RECEIVED MASTER OF ENGINEERING											
UNIVERSITY OF FLORIDA						1997 FALL					
	1995 SPRING					ENU 7979 ADVANCED RESEARCH					
ADMITTED TO GRADUATE SCHOOL						S 5.00 6.00					
ENU 6053 RAD INTER BAS & APP 2						ENU 5105 FOUNDA AIR POLLUTION					
B 3.00						C+ 3.00 3.00 3.00					
ENU 6215 REACTOR PHYSICS						EARNED HRS 9.00 GRADE PTS 7.50 HRS CARRIED 3.00					
B 3.00 3.00 3.00						TEXAS A&M UNIVERSITY					
ENU 6206 RADIATION-INDUCED REACTIONS											
B 3.00 3.00 3.00						GRADUATE SCHOOL HAS ALLOWED GRADUATE CREDIT FOR THE FOLLOWING COURSE(S) TAKEN PRIOR TO ADMISSION TO THE GRADUATE SCHOOL					
EARNED HRS 6.00 GRADE PTS 18.00 HRS CARRIED 6.00						NPR CREDIT ALLOWED					
UNIVERSITY OF FLORIDA						B 5.00 5.00					
	1995 SUMMER					EARNED HRS 5.00 GRADE PTS 0 HRS CARRIED 0.00					
ADV RADIA SHIELD DES						UNIVERSITY OF FLORIDA					
A 2.00 2.00 2.00						SEC					
EARNED HRS 2.00 GRADE PTS 0.00 HRS CARRIED 2.00											
UNIVERSITY OF FLORIDA						1998 SPRING					
	1995 FALL					ENU 7979 ADVANCED RESEARCH					
ENU 5626 RADIATION BIOLOGY						B 5.00 5.00					
B 3.00 3.00 3.00						EARNED HRS 9.00 GRADE PTS 0 HRS CARRIED 0.00					
ENU 6051 RAD INTER BAS AP 1						UNIVERSITY OF FLORIDA					
A 3.00 3.00 3.00						SEC					
ENU 6052 RADIA TRANSP BAS APP											
C 3.00 3.00 3.00						1998 SUMMER					
EARNED HRS 9.00 GRADE PTS 27.00 HRS CARRIED 9.00						PASSED QUALIFYING EXAMINATION FOR DOCTOR OF PHILOSOPHY 06/24/98					
UNIVERSITY OF FLORIDA						ADMITTED TO CANDIDACY 06/24/98					
	1996 SPRING					UNIVERSITY OF FLORIDA					
ENU 6053 RAD INTER BAS & APP 2						SEC					
B+ 3.00 3.00 3.00											
ENU 6937 RADOL ASSESSMENT						1998 SUMMER					
A 3.00 3.00 3.00						HAY-AUGUST - 12 WEEKS					
EARNED HRS 6.00 GRADE PTS 22.50 HRS CARRIED 6.00						ENU 7980 DOCTORAL RESEARCH					
UNIVERSITY OF FLORIDA						S 2.00 2.00					
	1996 FALL					EARNED HRS 2.00 GRADE PTS 0 HRS CARRIED 0.00					
ENU 5415 ENVIRONMENTAL HEALTH						UNIVERSITY OF FLORIDA					
B 3.00 3.00 3.00						SEC					
ENU 7979 ADVANCED RESEARCH											
B 6.00 6.00						1998 FALL					
EARNED HRS 9.00 GRADE PTS 9.00 HRS CARRIED 3.00						ENU 7980 DOCTORAL RESEARCH					
UNIVERSITY OF FLORIDA						B 3.00 3.00					
	1997 SPRING					ENU 7980 DOCTORAL RESEARCH					
ENU 7979 ADVANCED RESEARCH						S 6.00 6.00					
S 9.00 9.00						EARNED HRS 9.00 GRADE PTS 0 HRS CARRIED 0.00					
EARNED HRS 9.00 GRADE PTS 0 HRS CARRIED 0.00						UNIVERSITY OF FLORIDA					
UNIVERSITY OF FLORIDA						SEC					
	1999 SPRING										
ENU 7980 DOCTORAL RESEARCH						1999 SUMMER					
S 9.00 9.00						HAY-AUGUST - 12 WEEKS					
EARNED HRS 9.00 GRADE PTS 0 HRS CARRIED 0.00						ENU 7980 DOCTORAL RESEARCH					
UNIVERSITY OF FLORIDA						S 6.00 6.00					
	1999 SUMMER					EARNED HRS 6.00 GRADE PTS 0 HRS CARRIED 0.00					
ENU 7980 DOCTORAL RESEARCH						(SEE NEXT PAGE)					
S 6.00 6.00											
EARNED HRS 6.00 GRADE PTS 0 HRS CARRIED 0.00											

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# UNIVERSITY OF FLORIDA

## Official Academic Transcript

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Gainesville, FL 32611-4000

www.ufl.edu  
www.registrar.ufl.edu  
352-392-1374

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STUDENT NAME: SEUNGSOO BEE  
SOCIAL SECURITY NUMBER: [REDACTED] UFID: 7925-3470  
DATE OF BIRTH: [REDACTED]  
GENDER: MALE  
BASIS OF ADMISSION: GRADUATE  
COLLEGE: ENGINEERING  
MAJOR: NUCLEAR ENGINEERING SCIENCES  
RESIDENCE STATUS: ALIEN  
DATE PRINTED: MAY 08, 2007  
TYPE OF CREDIT: SEMESTER HOURS  
COPIES REQUESTED: 03 COPY NUMBER: 03 PAGE NO.: 02

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Stephen J. Fritz Jr.  
University Registrar

Prefix & Course Number	Course Title	Course Number	Grade	Credit Earned	Credit Grade	Prefix & Course Number	Course Title	Course Number	Grade	Credit Earned	Credit Grade
UNIVERSITY OF FLORIDA		980				1999 FALL					
ENU 7980	DOCTORAL RESEARCH			3.00	3.00						
	AWARDED DOCTOR OF PHILOSOPHY										
	GRADUATED DEC 18 1999										
	MAJOR NUCLEAR ENGINEERING SCIENCES										
EARNED HRS	13.00	GRADE	3.00	3.00							
SUM TOTAL	117.00	UF CUM GP	32.00	UF CUM RC	29.00						
		UF CUM GPA	3.17								

TRANSFER HRS ACCEPTED 29.00  
END OF TRANSCRIPT.

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