

ADVISOR USE ONLY
 Advised _____
 Initials _____

SAN JOSE STATE UNIVERSITY
DEPARTMENT OF COMPUTER SCIENCE
 Course Equivalency Form For Computer Science Majors

Date

SJSU ID

Name (last) (first)

Address number street city state zip

Email Address

Date continuous enrollment began at SJSU (Term and Year):

Date continuous enrollment began in Computer Science program if different from above:

Other Institutions Attended:

Name of Institution

- | | |
|-------------------------|-------------------------|
| A. <input type="text"/> | D. <input type="text"/> |
| B. <input type="text"/> | E. <input type="text"/> |
| C. <input type="text"/> | F. <input type="text"/> |

INSTRUCTIONS:

The above information is to be filled out by the student. An advisor should fill out the rest of this form. Any course work entered on this form **MUST BE substantiated by a copy of your transcript** from that institution. Also, for each course, please provide either a link to a web site or a photocopy of a catalog page that gives the catalog description of the course, if the institution you attended is NOT a California Community College. A copy of this evaluation must be completed and filed in the Computer Science Department Office soon after declaring CS as your major.

Do Not Write Below the Line. Advisor's Use Only

Course at SJSU	Course Number	Letter of Institution	Dept. & Course No.	Term Taken	No. of Units	Lower (L) or Upper (U) Division	Grade Earned	Waiver (W) Substitute (S)
CS								
CS								
CS								
CS								
CS								
CS								
CS								

- has satisfied the language prerequisite for CS 46B
- has satisfied the language prerequisite for CS 146 and 151
- has satisfied the language prerequisite for CS 152

Signature of Advisor _____ Date _____

Department Approval _____ Date _____