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. _____   D. _____
B. _____   E. _____
C. _____   F. _____

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	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							
Phys 50							
Phys 51							
(Science)							
Math							
Math							
Math							
Math							

☐ 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 _____