San Jose State University Department of Computer Science

Request for Validation of a Course From Another SJSU Department

1. A separate request form must be filled			
out for each course.	Today's Date		
For validation of coursework that is taken while enrolled in the MSCS program, this form must be filled out prior to registration.	Graduate Major: MSCS		ed: BA BS Other
For other coursework a transcript must be submitted with this form for evaluation.	Graduate Advisor (Print):	Institution: Date of Degree:	
 Copies of course description should be attached so the graduate advisor may make an adequate evaluation. 	I request validation for the following resident course completed at: Department and Course Number		
Student and Graduate Advisor Signature is required before turning this form in.	Course Title		Units:
Do no use this form is you want to transfer SJSU courses taken as an undergraduate to your graduate career.	Undergraduate Course ☐ Graduate Course ☐		Date Completed:
STUDENT INFORMATION	Student Signature To Be Completed by the Graduate Advisor of the requested course is equivalent to the form		Date Only:
Last Name		equivalent to the lo	mowing co course.
First Name, M.I.	Department and Course Numbe	r	
SJSU ID (REQUIRED)	Course Title		
Email Address	Graduate Advisor Signature		Date
For Office Use Only - Do Not W	Vrite Below This Line		
☐ Approved as graduate credit to:			
Upper Division	Graduate C	redit	
☐ Upper division course: no indicat Not Validated	tion that course can be used for G	raduate credit	
□ No graduate credit because:			
Graduate Coordinator Signature		Date	