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. _____
OtB_____ D.E_____
A.C_____Tj -462 0 TD -0.127049Tc 0.296693Tw (_____)   F_____