SJSU SAN JOSÉ STATE UNIVERSITY

Petition for Advancement to Graduate Candidacy

09.2016

Student Information

Completed form should be emailed to the appropriate GAPE evaluator (see www.sjsu.edu/gape/about_us/staff), submitted to Window G in the Student Services Center, or sent through interoffice mail to extended zip 0017.

Last Name: Smith | First Name: John

Student ID: 000222333 | Previous Name (if any):

Current Address: MacQuarrie Hall 208 | City: San Jose | State: CA | Zip: 95192

Daytime Phone: 408-924-5060 | Email Address: john.smith1234@sjsu.edu

Degree Information

Degree Sought, *e.g.* , MBA: MS | Major: Computer Science | Concentration, if applicable: N/A

Means of satisfying Graduation Writing Assessment Requirement: Course Prefix, Catalog No. CS 200W

University where taken: SJSU | Semester/Year GWAR Completed: Spring 2020 ○ A ◉ B ○ C

Proposed Graduate Degree Program

A. Courses (include all SJSU courses taken and those that will be taken for degree credit; leave Grade section blank for current and future classes.)

Course Prefix/No.	Title	Semester Units	Grade	Semester/Year Completed
CS 200W	Grad Tech Writing	3	A	Spring 2020
CS 158A	Computer Networks	3	A	Spring 2018
CS 175	Mob Device Devel	3	A	Spring 2020
CS 249	Distrib Computing	3	A	Fall 2017
CS 255	Des Anal Algo	3	A	Fall 2017
CS 259	Adv. Parallel Proc	3	A	Fall 2019
CS 265	Crtgrphy & Comp Security	3		Spring 2021
CS 266	Topics Info Secur	3	A	Spring 2019
CS 286	Adv Topics- CS	3	A	Fall 2018
CS 297	Pre Wrtng Prj or Thesis	3	CR	Fall 2020

B. Culminating Experience

Check box if applicable and then fill out corresponding row

	Course Prefix/Catalog No. (*e.g.*, MAS 203)	Total Units	Grade	Semester/Year Completed
☐ 299 Thesis (Plan A)/Creative Work (Plan C)				
☑ Last completed project or comprehensive exam-preparation course (plan B)	CS 298	3		Spring 2021

☐ Other Culminating Experiences

	Type	Semester/Year Completed
1) Other culminating experience		
2) Other culminating experience		

	Course Prefix/Catalog No. (*e.g.*, MAS 203)	Total Units	Grade	Semester/Year Completed
☐ 599 Dissertation				

C. Transfer Courses

University	Course Prefix/No.	Title	Semester Units	Grade	Semester/Year Completed
Sub. for SJSU Course					
Sub. for SJSU Course					
Sub. for SJSU Course					

	Units
A	30
B	3
C	
Total	0

Required Signatures

Student _____ Date _____

Signature (certifies accuracy of the information provided)

The signatures below indicate approval.

Project or Thesis Advisor (if required by your department)

Name _____ Signature _____ Date _____

Department Grad Advisor (Grad Coordinator)

Name _____ Signature _____ Date _____

GAPE Evaluator

○ Approved ○ Denied Name _____ Date _____

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