

Name as it appears on your record:

Goldman	Emma	415 555 1212	999999999	
_____ Last	_____ First	_____ Middle	_____ Daytime Phone	_____ Student ID Number
Date of Graduation: <input type="radio"/> January <input checked="" type="radio"/> May <input type="radio"/> August	1917	Year	Degree Objective: <input type="radio"/> BA <input checked="" type="radio"/> BS <input type="radio"/> BM	
Major:	COMPUTER SCIENCE			
Emphasis (if applicable):	_____			

List only courses constituting the MAJOR program - Include work in progress

Dept. & Number	Title	Units	Term	Grade	Institution
MATH 110A	Calculus I	4	F13	A	CCSF
MATH 110B	Calculus II	4	S14	A-	CCSF
MATH 324	Prob/Stat with Computing	3	S15	B+	SFSU
MATH 325	Linear Algebra	3	S15	A-	SFSU
PHYC 4A/4AL	Physics with Calculus I	4	S14	A	CCSF
PHYS 230/232	Physics with Calculus II	4	F14	B+	SFSU
BIO 9	Human Biology	4	S14	B-	CCSF
CS 111B	Intro to Computer Programming	3	S14	A	CCSF
CSC 220	Data Structures	3	F14	A	SFSU
CSC 230	Discrete Math	3	F14	B	SFSU
CSC 256	Machine Structures	3	S15	A	SFSU
CSC 300	Ethics, GVAR	3	F15	A	SFSU
CSC 340	Programming Methodology	3	S15	B	SFSU
CSC 413	Software Development	3	F15	A	SFSU
CSC 415	Principles of Operating Systems	3	S16	C	SFSU
CSC 510	Analysis of Algorithms	3	F15	B	SFSU
CSC 600	Programming Language Design	3	S16	C+	SFSU
CSC 648	Software Engineering	3	F16	B+	SFSU
CSC 520	Theory of Computing	3	S16	B-	SFSU
CSC 668	Object Oriented Programming	3	F16	B+	SFSU
CSC 631	Multiplayer Game Development	3	S17	B+	SFSU
CSC 667	Internet Application Design	3	S17	A-	SFSU
CSC 412	Advanced Software Lab	1	S15	A	SFSU

Signature of Student _____

Major programs should indicate a minimum acceptable grade for any course work (including in progress) in the major program.

Upon satisfactory completion of the above major program (as well as the general graduation requirements per Title 5 of the California State Administrative Code and the official University Bulletin), I certify the above identified student is eligible for award of the Major as listed above.

Signature of Advisor _____ Date _____

Print Name _____

Signature of Department Chair _____ Date _____