COMPUTER SCIENCE AND ENGINEERING  
REQUEST FOR COURSE EQUIVALENCY FOR BREADTH REQUIREMENTS

Instructions to the student: Please complete and sign this form and take it to the UM Faculty member responsible for the UM course in question. Obtain your advisor's signature and return the form to the CSE Graduate Coordinator in 3909A BBB.

Equivalency can be accepted for breadth coursework requirements only. 
(Do not use this form for cognate course requirements.)

1. Student Name: _______________________________  ID:__________________________

2. UM Course for which equivalency is requested (Number and title):

3. Course taken elsewhere to be considered for equivalency:
   University that the course was taken at: _________________________________________
   Course Number and title: ______________________________________________________
   Credit Hours: ____________  Grade earned: _________

   STUDENT SIGNATURE: ___________________________  Date _________________

4. UM Faculty Member teaching equivalent course: _________________________
   url for past teaching assignments for EECS courses: http://www.eecs.umich.edu/eecs/undergraduate/pastteaching.pdf
   This section to be filled out by the faculty member reviewing materials:

5. Course information reviewed by UM faculty member:
   _____ 1) Course outline
   _____ 2) Course catalog description
   _____ 3) Course notes, assignments, tests
   _____ 4) Course pack
   _____ 5) Transcript copy
   _____ Other   ____________________________________________________

This course is equivalent for purposes of Masters requirements __________________________

This course is equivalent for purposes of Ph.D. breadth requirements
(please make sure grade is equal to B+ or better) __________________________

SIGNATURE OF FACULTY MEMBER: ___________________________  Date:_______________

SIGNATURE OF ACADEMIC ADVISOR: ___________________________  Date:_______________

**Return form to CSE Graduate Coordinator in 3909A BBB**

APPROVAL OF CSE GRADUATE CHAIR: ___________________________  Date:_______________