Michigan Technological University
Computer Science Department

Breadth Requirement Form

I am requesting permission to apply the following courses from an affiliated university toward the
graduate-level breadth requirement for the following degree in Computer Science (check one):

☐ PhD
☐ Masters

Last Name: __________________________________________

First Name: __________________________________________

M number: __________________________________________

Name of affiliated university:
____________________________________________________________

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<tr>
<th>Affiliated university course number</th>
<th>Course Title</th>
<th>Credits</th>
<th>Grade</th>
<th>Semester and year taken</th>
<th>Area</th>
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Required Signatures:

Student Signature                      Date
____________________________________________________________________________

Advisor Signature                      Date
____________________________________________________________________________

Approving Faculty Signature           Date
____________________________________________________________________________

Graduate Program Director Signature   Date
____________________________________________________________________________