

Student Name: _____
ID# _____



(3) PROGRAMMING LANGUAGES or COMPILERS

Proficiency Requirement

Option I

The Language/Compilers proficiency requirement can be satisfied by taking:

CSE 304, Compilers; or CSE 307, Principles of Programming Languages

or

CSE 504, Compiler Design; or CSE 526, Principles of Programming Languages.

If any of these courses were taken at Stony Brook and appear on your transcript with a passing grade, circle them here and indicate the semester.

Option II

Certain undergraduate (300 level) courses that are prerequisites to graduate courses, can, with the **permission of the Course instructor**; be taken for graduate credit using the course designation of CSE 587.

If you are selecting this option, please fill in the information immediately below, obtain the signature of the course instructor, and turn in this signed form to the CS Graduate Office.

I have registered for CSE 587, **section#** _____, in the (check one) • **fall** • **spring** semester of _____ (year), to fulfill the Language/Compilers proficiency requirement. A final passing grade in this course will satisfy this requirement.

Approval Signature of Instructor: _____ Date: _____

Printed Name of Instructor: _____

Option III

A proficiency requirement may also be met by showing evidence of a similar course taken elsewhere, if approved by an Instructor of the course here at Stony Brook. If you are selecting this option, you should meet with the appropriate faculty member, providing copies of transcripts **and** syllabi. The faculty member should fill in the information below, and sign the form. You should then turn in this signed form to the CS Graduate Office.

The following information provided by the student is considered sufficient evidence that this student has satisfied the Language/Compilers Proficiency requirement at the level of CSE 304 or 307, with a grade of C (i.e., 2.0/4.0) or higher:

_____ Took a similar course at _____ in semester _____ and received a passing grade

_____ Other:

Approval Signature of Instructor: _____ Date: _____

Printed Name of Instructor: _____

Make a copy for your records