

COURSES TAKEN

Please provide grades (A, B, C, D, or F) for each course taken.

If the course was taken at K-State, **please list both the course number and grade** (e.g. 761-B).

COURSE	UNDERGRADUATE	GRADUATE
Analysis of Algorithms	<input type="text"/>	<input type="text"/>
Artificial Intelligence	<input type="text"/>	<input type="text"/>
Compiler Design	<input type="text"/>	<input type="text"/>
Computer Architecture	<input type="text"/>	<input type="text"/>
Computer Networks	<input type="text"/>	<input type="text"/>
Computer Security	<input type="text"/>	<input type="text"/>
Database Systems	<input type="text"/>	<input type="text"/>
Data Structures	<input type="text"/>	<input type="text"/>
Discrete Mathematics	<input type="text"/>	<input type="text"/>
Formal Language Theory	<input type="text"/>	<input type="text"/>
Formal Software Specification	<input type="text"/>	<input type="text"/>
Machine Learning	<input type="text"/>	<input type="text"/>
Operating Systems	<input type="text"/>	<input type="text"/>
Programming Language Concepts	<input type="text"/>	<input type="text"/>
Software Architecture	<input type="text"/>	<input type="text"/>
Software Engineering	<input type="text"/>	<input type="text"/>
Web Programming/Design	<input type="text"/>	<input type="text"/>

ANTICIPATED SCHEDULE

Please check when you have — or expect to have — classes next semester.

I will not have any classes next semester.

I have enrolled for next semester.

	Monday	Tuesday	Wednesday	Thursday	Friday
8:30 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:30 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10:30 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11:30 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12:30 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1:30 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2:30 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:30 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:30 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:30 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>