



CSE SM Subject Audit Form

Student Name: _____	MIT ID#: _____
Research Advisor: _____	Thesis Reader: _____ <i>(if required)</i>
Matriculation Date: _____	Graduation Date: _____

CURRICULUM REQUIREMENTS

CORE SUBJECTS (3 COURSES / 36 UNITS)

TERM/YR **GRADE**

2.096J / 6.7300J / 16.910J Intro to Modeling & Simulation	_____	_____
2.097J / 6.7330J / 16.920J Numerical Methods for PDEs	_____	_____
6.7200J / 15.093J / IDS.200J Optimization Methods	_____	_____
6.7310J / 18.335J Intro to Numerical Methods	_____	_____

RESTRICTED ELECTIVES (2 COURSES / 24 UNITS)

(Must be from [approved list](#) or approved petition; please indicate which below)

COURSE #	COURSE NAME	<input type="checkbox"/> APPROVED LIST	<input type="checkbox"/> APPROVED PETITION	_____	_____
COURSE #	COURSE NAME	<input type="checkbox"/> APPROVED LIST	<input type="checkbox"/> APPROVED PETITION	_____	_____

UNRESTRICTED ELECTIVE (1 COURSE / 12 UNITS)

(Any graduate-level 12-unit subject; excluding physical education subjects)

COURSE #	COURSE NAME	_____	_____
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<i>To BE COMPLETED BY CCSE ADMINISTRATOR:</i>			
GWE Score: _____	21W.794 Grade, if required: _____	CSE GPA: _____	Cumulative GPA: _____