

### Student Information

Completed form should be emailed to the appropriate GAPE evaluator (see [www.sjsu.edu/gape/about\\_us/staff](http://www.sjsu.edu/gape/about_us/staff)), submitted to Window G in the Student Services Center, or sent through interoffice mail to extended zip 0017.

Last Name Vinnakota First Name Hruthik  
 Student ID 016047824 Previous Name (if any) \_\_\_\_\_  
 Current Address 754 The Alameda City San Jose State CA Zip 95126  
 Daytime Phone 6694996255 Email Address hruthik.vinnakota@sjsu.edu

### Degree Information

Degree Sought, e.g., MBA MS Major Data Analytics Concentration, if applicable \_\_\_\_\_  
 Means of satisfying Graduation Writing Assessment Requirement: Course Prefix, Catalog No. DATA 270  
 University where taken San Jose State University Semester/Year GWAR Completed Spring 2023 ☐ A ☒ B ☐ C

### Proposed Graduate Degree Program

**A. Courses (include all SJSU courses taken and those that will be taken for degree credit; leave Grade section blank for current and future classes.)**

Course Prefix/No.	Title	Semester	Units	Grade	Semester/Year Completed
DATA 220	Mathematical Methods for Data Analytics		3	A	Fall 2022
DATA 225	Database Systems and Analytics		3	B	Fall 2022
DATA 230	Data Visualization		3	A	Fall 2022
DATA 228	Big Data Technologies		3	B-	Spring 2023
DATA 245	Machine Learning Technologies		3	B+	Spring 2023
DATA 270	Data Analytics Processes		3	A-	Spring 2023
DATA 240	Data Mining Technologies		3		Fall 2023
DATA 255	Deep Learning Technologies		3		Fall 2023

### B. Culminating Experience

Check box if applicable and then fill out corresponding row

- ☐ 299 Thesis (Plan A)/Creative Work (Plan C)  
☒ Last completed project or comprehensive exam-preparation course (plan B)  
☐ Other Culminating Experiences

Course Prefix/Catalog No. (e.g., MAS 203)	Total Units	Grade	Semester/Year Completed
DATA 298A	3		
DATA 298B	3		

Type	Semester/Year Completed
1) Other culminating experience	
2) Other culminating experience	

- ☐ 599 Dissertation

Course Prefix/Catalog No. (e.g., MAS 203)	Total Units	Grade	Semester/Year Completed

### C. Transfer Courses

University	Course Prefix/No.	Title	Semester	Units	Grade	Semester/Year Completed
Sub. for SJSU Course						
Sub. for SJSU Course						
Sub. for SJSU Course						
Sub. for SJSU Course						

Units
A 24
B 6
C
Total 30

### Required Signatures

Student [Signature] Date 9/4/23 For Official Use Only

Signature (certifies accuracy of the information provided)

The signatures below indicate approval.

Project or Thesis Advisor (if required by your department)

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Grad Advisor (Grad Coordinator)

Name Lee C. Chang Signature \_\_\_\_\_ Date \_\_\_\_\_

GAPE Evaluator

☐ Approved ☐ Denied Name \_\_\_\_\_ Date \_\_\_\_\_