

Hunter College of the City University of New York - Office of the Registrar
DEGREE AUDIT APPLICATION FORM (DAAF) - Bachelor of Science
Distribution Requirement (*matriculated prior to Fall 2001*)

Last _____ First _____ Middle _____
 Name on diploma will be printed as it appears on academic transcript.

ID No - - Telephone Home () _____ Work () _____

Last semester of attendance Summer _____ Year Fall _____ Year Spring _____ Year

Undergraduate Major **Community Health Education**

- PLEASE PRINT LEGIBLY IN **BLUE OR BLACK INK ONLY.**
- **INCOMPLETE DAAFS WILL BE RETURNED TO THE STUDENT.**

THIS AUDIT IS NOT OFFICIAL UNTIL APPROVED BY THE OFFICE OF THE REGISTRAR, DEGREE AUDIT DIVISION.

Student Signature _____ Date _____

DISTRIBUTION REQUIREMENT									
<i>List only those courses being used to meet requirements.</i>									
Category I: Science and Quantitative Reasoning (12 credits)									
Course Prefix	Course Number	Crs	Term	Year	Course Prefix	Course Number	Crs	Term	Year
BIOL	100				BIOL	120			
STAT	113				-OR-				
					BIOL	122			
Category II: English Composition (3 credits) Please check if you have received a prior EXEMPTION/WAIVER _____									
Course Prefix	Course Number	Crs	Term	Year					
ENGL	120 or equivalent								
Category III: Humanities-Foreign Language (0-12 credits)					E X E M P T				
Category IV: Humanities-Literature (6 credits)									
Course Prefix	Course Number	Crs	Term	Year	Course Prefix	Course Number	Crs	Term	Year
Category V: Humanities and the Arts (9 credits)									
Course Prefix	Course Number	Crs	Term	Year	Course Prefix	Course Number	Crs	Term	Year
Category VI: Social Science (12 credits)									
Course Prefix	Course Number	Crs	Term	Year	Course Prefix	Course Number	Crs	Term	Year
PSYCH	150 or 210								
Pluralism & Diversity Requirement (12 credits)									
Course Prefix	Course Number	Crs	Term	Year	Course Prefix	Course Number	Crs	Term	Year
1					3				
2					4				
List all courses that are pending grade changes:									
Course Prefix	Course Number	Term	Year	Course Prefix	Course Number	Term	Year	CPE Passed? YES / NO <i>Please circle one.</i> If "NO" is indicated, please contact the Testing Center, room 150 HN.	

COMMUNITY HEALTH EDUCATION MAJOR REQUIREMENTS

- YOU ARE REQUIRED TO FOLLOW THE MAJOR REQUIREMENTS IN EFFECT WHEN YOU WERE ACCEPTED INTO YOUR PROGRAM. OTHERWISE, WRITTEN PERMISSION IS NEEDED FROM YOUR ADVISOR.
- TRANSFER COURSES DESIGNATED "SEE DEPT" OR "ELECT" **CANNOT BE USED** TO FULFILL MAJOR REQUIREMENTS.
- **RESIDENCY REQUIREMENT:** 1/2 OF THE TOTAL CREDITS REQUIRED FOR YOUR MAJOR/MINOR **MUST** BE TAKEN AT HUNTER COLLEGE.

DEPT & COURSE	CRS	TERM/YEAR	GRADE		DEPT & COURSE	CRS	TERM/YEAR	GRADE
COMHE 301	3				COMHE 403	3		
COMHE 302	3				COMHE 405	3		
COMHE 303	3				COMHE 420	3		
COMHE 325	3				Required Health Electives (Choose three from COMHE 321, 322, 323, 324, 326, or 400)			
COMHE 330	3				COMHE _____	3		
NFS 141	3				COMHE _____	3		
COMHE 401	3				COMHE _____	3		
COMHE 402	2							
SOCIAL SCIENCE ELECTIVES (12 credits)								
DEPT & COURSE	CRS	TERM/YEAR	GRADE		DEPT & COURSE	CRS	TERM/YEAR	GRADE

A SEPARATE MEMORANDUM FOR ANY WAIVERS, EXEMPTIONS AND/OR SUBSTITUTIONS OF REQUIRED COURSES MUST BE SUBMITTED TO THE RECORDS DIVISION, ROOM 217 HUNTER NORTH.

I certify that the student mentioned herein, upon successful completion of the courses listed above, will have satisfied the departmental requirements and is recommended for the degree of Bachelor of Science.

Chair/Advisor Signature (Major) _____ Date _____
Chair/Advisor Name (Please Print) _____
E-mail address _____

Department Stamp

* * * * * **For Office Use Only** * * * * *

Credits required _____ <u>120</u>	Residency _____	Incomplete letter Sent _____
Earned credits _____	1/2 Major _____	Eligible to graduate if current term completed _____
Credits in progress _____	Residency met _____	
Repeats deducted _____	Distribution Requirement _____	
Total Credits _____		
CPE _____	Major _____	Initials & Date _____
AA/AS Degree _____		
GPA _____		
Cum _____ Major _____		Auditor _____ Date Cleared _____