

Hunter College of the City University of New York - Office of the Registrar
DEGREE AUDIT APPLICATION FORM (DAAF)
Master of Arts in Adolescent- Mathematics (Track 1) 37-39 Credits

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

ID No - - Last semester of attendance (FILL IN YEAR) Summer _____ Fall _____ Spring _____

Telephone Hm () _____ Wk () _____ Email _____

Address _____

- PLEASE PRINT LEGIBLY IN **BLUE OR BLACK INK ONLY.**
- **INCOMPLETE DAAFS WILL BE RETURNED TO THE STUDENT.**
- **YOU MUST BE REGISTERED FOR THE SEMESTER IN WHICH YOU GRADUATE. IF YOU ARE NOT REGISTERED FOR ANY COURSES YOU MUST REGISTER FOR MAINTENANCE OF MATRICULATION (MAM) AT THE OASIS. THERE ARE ABSOLUTELY NO WAIVERS OF THIS REQUIREMENT. CONSULT THE OFFICE OF THE BURSAR FOR TUITION AND FEE INFORMATION.**
- **IF YOU HAVE ANY GRADES ON APPEAL, YOU MUST NOTIFY THE DEGREE AUDIT DIVISION BEFORE THE DATE OF GRADUATION.**
- **NO CHANGES TO YOUR RECORD WILL BE MADE AFTER GRADUATION HAS BEEN POSTED.**
- **IF YOUR GRADUATION IS CANCELLED, YOU MUST REAPPLY AND SUBMIT A NEW DAAF, SIGNED BY YOUR PROGRAM ADVISOR/COORDINATOR, IN THE BEGINNING OF THE SEMESTER IN WHICH YOU WILL HAVE MET DEGREE REQUIREMENTS. SEE ACADEMIC CALENDAR FOR DEADLINES.**

List All Courses Not Being Used Toward Degree

Course Prefix & Number	Course Title	Credits	Semester (Circle One)			Year Taken
			Fall	Spring	Summer	

Courses used to meet Admissions Condition(s)

Course Prefix & Number	Course Title	Credits	Semester (Circle One)			Year Taken
			Fall	Spring	Summer	

I certify that the student mentioned herein, upon successful completion of the courses listed on the reverse, will have satisfied the departmental requirements and is recommended for the degree of Master of Arts.

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

Department Stamp

Office of Educational Services (Rm 1000W) Signature	Date
OES/Advisor Name (Please Print)	
E-mail address	

OES Stamp

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

Student's Signature _____ Date _____

Please Turn Over And Complete Specialization Section

Course Prefix & Number	Course Title	Credits	Semester (Circle One)	Year Taken
SEDF 703	Social Foundations of Adolescence Education	3.	Fall Spring Summer	
SEDF 704	Adolescent Development, Grades 7-12	2	Fall Spring Summer	
SEDF 705	Educational Psychology: Applications to Adolescent Education	2	Fall Spring Summer	
SEDF 706	Assessment of Teaching and Learning in Adolescent Education	2	Fall Spring Summer	
SEDC 710	Building Foundations of Literacy	3	Fall Spring Summer	
SEDC 713	Methods 1: Advanced Study of Secondary Learning Environments for Teaching Mathematics and Science	3	Fall Spring Summer	
SEDC 720	Adolescent- Health and Safety	1	Fall Spring Summer	
SEDC 723	Methods 2: Intensive study of teaching diverse Learners in Mathematics, Grades 7-12	2	Fall Spring Summer	
Student Teaching/Practicum (Grade of B or better)				
SEDC 753	Student Teaching in Mathematics, Grades 7-12	5	Fall Spring Summer	
Or ONE of the following				
SEDC 763.10	Student Teaching in Mathematics, Grades 7-9	3	Fall Spring Summer	
SEDC 773.10	Practicum in Mathematics, Grades 7-9	2	Fall Spring Summer	
Plus ONE of the following				
SEDC 763.20	Student Teaching in Mathematics, Grades 10-12	3	Fall Spring Summer	
SEDC 773.20	Practicum in Mathematics, Grades 10-12	2	Fall Spring Summer	

Mathematics and Statistics Courses for Track 1 (15 Credits)				
Course Prefix & Number	Course Title	Credits	Semester (Circle One)	Year Taken
MATH 620	Sequential Mathematics from an Advanced Standpoint 1	3	Fall Spring Summer	
MATH 630	Sequential Mathematics from an Advanced Standpoint 2	3	Fall Spring Summer	
MATH 640*	Topics in Calculus	3	Fall Spring Summer	
MATH 661*	History of Mathematics	3	Fall Spring Summer	
STAT 614*	Data Analysis Using Statistical Software	3	Fall Spring Summer	
Additional Requirements for the Degree		Date Completed	Expected Date of Completion	
Professional Teaching Portfolio <i>see note below</i>				
Comprehensive Examination in Mathematics <i>see note below</i>				

***** A separate memorandum for any language exams, comprehensive exams, proof of thesis completion, waivers, exemptions and/or substitutions of required courses must be submitted to the Records Division, in Room 217 Hunter North.*****

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

Credits required	37-39	Admissions Condition		GPA index (must be 3.0 or above)	
Credits in progress		Non-matric credits (under B)		Incomplete letter sent (Initials & Date)	
Thesis/Project	N/A	Condition credits		Eligible to graduate if current term completed (Initials & Date)	
Professional Teaching Portfolio		Out of Date credits		Degree Posted (Initials & Date)	
Comprehensive Exam (Mathematics)		Condition credits		Eligible to graduate if current term completed (Initials & Date)	
Language Exam	N/A	Undergraduate credits		Graduation Term	