

## Hunter College of the City University of New York - Office of the Registrar

### DEGREE AUDIT APPLICATION FORM (DAAF)

### Master of Science in Nursing- ADULT NURSE PRACTITIONER—42 Credits

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
*Name on diploma will be printed as it appears on academic transcript.*

ID No    -   -     Telephone Home (      ) \_\_\_\_\_ Work (      ) \_\_\_\_\_

Last semester of attendance (FILL IN YEAR) Summer \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_

- PLEASE PRINT LEGIBLY IN **BLUE OR BLACK INK ONLY.**
- **INCOMPLETE DAAFS WILL BE RETURNED TO THE STUDENT.**
- **THE BOARD OF HIGHER EDUCATION STIPULATES THAT 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 MAJOR ADVISOR(S) 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	
			Fall Spring Summer	
			Fall Spring Summer	

Courses used to meet Admissions Condition(s)

Course Prefix & Number	Course Title	Credits	Semester (Circle One)	Year Taken
			Fall Spring Summer	
			Fall Spring Summer	
			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 Science in Nursing.**

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

Department Stamp
------------------

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

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please Turn Over And Complete Specialization Section**

Course Prefix & Number	Course Title	Credits	Semester (Circle One)	Year Taken
NURS 700.00	Theoretical Foundations of Nursing Science	3.0	Fall Spring Summer	
NURS 702.00	Nursing Research	3.0	Fall Spring Summer	
NURS 704.00	Urban Health Care Systems	3.0	Fall Spring Summer	
NURS 749.00	Health Promotion & Disease Prevention	3.0	Fall Spring Summer	
NURS 717.00	Pathophysiology	3.0	Fall Spring Summer	
NURS 750.00	Pharmacotherapeutics	3.0	Fall Spring Summer	
NURS 751.00	Health Assessment	3.0	Fall Spring Summer	
NURS 755.00	Primary Care Nursing I	5.0	Fall Spring Summer	
NURS 757.00	Primary Care Nursing II	5.0	Fall Spring Summer	
NURS 768.00	Advanced Practicum	5.0	Fall Spring Summer	
NURS _____. ____		3.0	Fall Spring Summer	
NURS _____. ____		3.0	Fall Spring Summer	

**\*\*\*\*\* 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	42	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)	
Comprehensive Exam	N/A	Out of Date credits		Degree Posted (Initials & Date)	
Language Exam	N/A	Undergraduate credits		Graduation Term	
Professional Teaching Portfolio	N/A	Other credits		Graduation Date	