

Hunter College of the City University of New York - Office of the Registrar
DEGREE AUDIT APPLICATION FORM (DAAF)
Master of Social Work – CASEWORK/ GROUP WORK/ COMMUNITY ORGANIZATION—60 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 Social Work.

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
SSW 701.00	Social Welfare Policy and Services I	3.0	Fall Spring Summer	
SSW 702.00	Social Welfare Police and Services II	2.0	Fall Spring Summer	
SSW 711.00	Human Behavior and the Social Environment I	3.0	Fall Spring Summer	
SSW 712.00	Human Behavior and the Social Environment II	2.0	Fall Spring Summer	
SSW 713.00	Human Behavior and the Social Environment III	2.0	Fall Spring Summer	
SSW 751.00	Social Research I	3.0	Fall Spring Summer	
SSW 752.00	Social Research II	2.0	Fall Spring Summer	
SSW 780.00	Administration of Social Agencies	3.0	Fall Spring Summer	
SSW 719.00	Foundations of Social Work Practice	2.0	Fall Spring Summer	
SSW 790.00	Professional Seminar	3.0	Fall Spring Summer	
PLUS				
SSW 721.00 & 722.00 & 723.00	Casework I, II & III	8.0	Please indicate Specialization with a check mark	
OR				
SSW 731.00 & 732.00 & 733.00	Group Work I, II & III	8.0	Please indicate Specialization with a check mark	
OR				
SSW 741.00 & 742.00 & 743.00	Community Organization I, II & III	8.0	Please indicate Specialization with a check mark	
PLUS				
SSW 761.00 & 762.00 & 763.00 & 764.00	Field Practicum	19.0	Please indicate which Field Practicum student followed with a check mark	
OR				
SSW 767.00 & 768.00	OYR Field Practicum	19.0	Please indicate which Field Practicum student followed with a check mark	
PLUS				
SSW 725 or 747 or 735 or 787 (Circle One)	Minor Method	2.0	Fall Spring Summer	
SSW 724 or 725 or 734 or 735 or 747 or 748 or 787 or 792 or 794 or 796 or 797 or 798 (Circle One)	Major Method	2.0	Fall Spring Summer	
SSW _____. ____		2.0	Fall Spring Summer	
SSW _____. ____		2.0	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	60	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	