

Hunter College of the City University of New York - Office of the Registrar
DEGREE AUDIT APPLICATION FORM (DAAF)
Advanced Certificate in Autism (12 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 Advanced Certificate.

Office of Educational Services (Rm 1000W) Signature _____ Date _____
OES 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
SPEDE 771	Autism Spectrum Disorders: Characteristics, Assessment Implications for Intervention, and Educational Strategies	3	Fall Spring Summer	
SPEDE 772	Behavioral Theory and Its Applications to Young Children with Special Needs	3	Fall Spring Summer	
SPEDE 776.51	Field Experience in Early Childhood and/or Childhood Special Education with an Annotation in Severe Disabilities: Autism (<i>grade of B or better</i>)	2	Fall Spring Summer	
SPEDE 780	Language Teaching Approaches and Strategies for Young Children with Autism Spectrum Disorders	1	Fall Spring Summer	
SPEDE 781	Incidental Teaching and Other Naturalistic Behavioral Strategies	1	Fall Spring Summer	
SPEDE 782	Higher Functioning Children with Autism Spectrum Disorders	1	Fall Spring Summer	
SPEDE 783	Inclusion of Children with Autism Spectrum Disorders	1	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	12	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	