

Hunter College of the City University of New York - Office of the Registrar
DEGREE AUDIT APPLICATION FORM (DAAF)
Advanced Certificate in Blind and Visually Impaired:
Teacher of the Blind and Visually Impaired (22 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
SPED 740	Medical Aspects and Educational Implications of Visual Impairments	3	Fall Spring Summer	
SPED 741	Education and Rehabilitation of Individuals with Visual Impairments	3	Fall Spring Summer	
SPED 742	Curriculum and Instructional Strategies for Learners with Visual Impairments	3	Fall Spring Summer	
SPED 743	Braille Literacy and Communication Skills for Learners with Visual Impairments	3	Fall Spring Summer	
SPED 744	Assistive Technology for Learners with Visual Impairments	3	Fall Spring Summer	
SPED 745	Mathematics Literacy and Nemeth Code for Learners with Visual Impairments	1	Fall Spring Summer	
SPED 747	Principles and practices of Orientation and Mobility for Teachers of Learners with Visual Impairments	3	Fall Spring Summer	
SPED 714.51	Topics/SPED: ITI Practicum in Visual Impairment	1	Fall Spring Summer	
And one of the following (grade of B or better):				
SPED 748.50	Student Teaching: Blindness and Visual Impairment, Grades 7-12	2	Fall Spring Summer	
SPED 748.51	Student Teaching: Blindness and Visual Impairment, Preschool-Grade 6	2	Fall Spring Summer	
SPED 748.52	Supervised Practicum: Blindness and Visual Impairment, Preschool-Grade 6	2	Fall Spring Summer	
SPED 748.53	Supervised Practicum: Blindness and Visual Impairment, Grades 7-12	2	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	22	Admissions Condition		GPA index (must be 3.0 or above)	
Credits in progress		Non-matric credits (under B)		Incomplete letter sent (Initials & Date)	
Technology Assessment		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	