

Hunter College of the City University of New York - Office of the Registrar
DEGREE AUDIT APPLICATION FORM (DAAF)
Master of Science in Education
Childhood Education Grades 1-6 (31-40 Credits)
Alternative Certificate Program

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 Science in Education.

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 No.	Course Title	Credits	Semester (Circle One)	Year Taken
CEDCF 700	The Art and Science of Effective Teaching	3	Fall Spring Summer	
CEDF 709	Child Development	3	Fall Spring Summer	
CEDC 704	Teaching Developmental Reading	3	Fall Spring Summer	
HED 716	Health Education for the Childhood Educator	1	Fall Spring Summer	
CEDC 703	Teaching Science in the Elementary School	3	Fall Spring Summer	
CEDC 722	Social Studies Curriculum and Instruction: Integrating Literature, the Arts and Technology	2	Fall Spring Summer	
CEDC 730	Perspectives on Literacy Across the Content Area	2	Fall Spring Summer	
CEDF 715	Diversity in American Schools	3	Fall Spring Summer	
CEDC 705	Mathematics, Curriculum and Methods	3	Fall Spring Summer	
CEDC 707	The Arts: An Interdisciplinary Learning Experience	3	Fall Spring Summer	
CEDF 706	Social, Historical, Philosophical Foundations of Education: The American School	3	Fall Spring Summer	
CEDF 716	Assessment of Teaching and Learning	3	Fall Spring Summer	
CEDF 792	Integrative Seminar: Research in Childhood Education (Grade of B or better)	3	Fall Spring Summer	
SPED 708*	Teaching Students with Special Needs in Inclusive Settings	3	Fall Spring Summer	
Student Teaching/Practicum: (Grade of B or better)				
CEDC 793	Practicum in Grades 1-6: Year One	1	Fall Spring Summer	
CEDC 794	Practicum in Grades 1-6: Year Two	1	Fall Spring Summer	

* Required for students who matriculated into the adolescent education program on or after fall 2011.

******* 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	31-40	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	N/A	Graduation Date	