

Hunter College of the City University of New York - Office of the Registrar
DEGREE AUDIT APPLICATION FORM (DAAF)
Master of Arts in Adolescent - Mathematics – Alternative Certification Program (35-39 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	
			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 Arts.

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

Department Stamp

Office of Educational Services (Rm 1000W) Signature	Date
OES/Advisor 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
SEDF 703	Social Foundations of Adolescence Education	3.	Fall	Spring	Summer	
SEDF 706	Assessment of Teaching and Learning in Adolescent Education	2	Fall	Spring	Summer	
SEDC 710	Building Foundations of Literacy	3	Fall	Spring	Summer	
SEDC 713	Methods 1: Advanced Study of Secondary Learning Environments for Teaching Mathematics and Science	3	Fall	Spring	Summer	
SEDF 714	Adolescent Development and Learning	3	Fall	Spring	Summer	
SEDC 723	Methods 2: Intensive study of teaching diverse Learners in Mathematics, Grades 7-12	2	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)						
SEDC 753	Student Teaching in Mathematics, Grades 7-12	5	Fall	Spring	Summer	
Or						
SEDC 773.10	Practicum in Mathematics, Grades 7-9	2	Fall	Spring	Summer	
Plus						
SEDC 773.20	Practicum in Mathematics, Grades 10-12	2	Fall	Spring	Summer	
Mathematics and Statistics Courses (15 Credits)						
MATH 620	Secondary Mathematics from an Advanced Perspective 1	3	Fall	Spring	Summer	
MATH 630	Secondary School Mathematics from an Advanced Perspective 2	3	Fall	Spring	Summer	
MATH 633	Axiomatic Geometry	3	Fall	Spring	Summer	
MATH 635	Explorations: Mathematics	3	Fall	Spring	Summer	
STAT 614 or STAT 612	Data Analysis Using Statistical Software or Discrete Probability	3	Fall	Spring	Summer	
Additional Requirements for the Degree		Date Completed		Expected Date of Completion		
Professional Teaching Portfolio <i>see note below</i>						
Comprehensive Examination in Mathematics <i>see note below</i>						

* 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	35-39	Admissions Condition		GPA index (must be 3.0 or above)	
Credits in progress		Non-matric credits (under B)		Incomplete letter sent (Initials & Date)	
Thesis/Projec	N/A	Condition credits		Eligible to graduate if current term completed (Initials & Date)	
Professional Teaching Portfolio		Out of Date credits		Degree Posted (Initials & Date)	
Comprehensive Exam (Mathematics)		Condition credits		Eligible to graduate if current term completed (Initials & Date)	
Technology Assessment		Undergraduate credits		Graduation Term	