

Hunter College of the City University of New York - Office of the Registrar
DEGREE AUDIT APPLICATION FORM (DAAF)
Master of Science in Education Childhood Special Education
Learning Disabilities - Short program (35-37 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 Master's 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 Prefix & Number	Course Title	Credits	Semester (Circle One)	Year Taken
SPED 700	Issues and Practices in the Education of Students with Disabilities	3	Fall Spring Summer	
SPED 701	Assessment of Students with Disabilities	3	Fall Spring Summer	
SPED 702	Classroom management in Special Education and Inclusive Settings	3	Fall Spring Summer	
SPED 703	Inclusive Instruction in General Education Classrooms for Students with Learning and Behavior Disorders	3	Fall Spring Summer	
SPED 704	Issues in Teaching English – Language Learners with Special Education Needs	1	Fall Spring Summer	
SPED 705	Use of Instructional Technology in Special Education	1	Fall Spring Summer	
SPED 706	Strategies and Curriculum Adaptations for Learners with Severe / Multiple Disabilities	3	Fall Spring Summer	
SPED 707	Research Seminar: Issues in Special Education	3	Fall Spring Summer	
Learning Disabilities Specialization (15-17 Credits)				
SPED 780	The Study of Learning Disabilities	3	Fall Spring Summer	
SPED 781	Reading and Writing for Students with Learning Disabilities: Methods 1	3	Fall Spring Summer	
SPED 782	Supervised Clinical Teaching of Students with Disabilities: Part 1 (<i>grade of B or better</i>)	2	Fall Spring Summer	
SPED 783	Math, Organizational and Social Strategies for Students with Learning Disabilities: Methods 2	3	Fall Spring Summer	
SPED 784	Supervised Clinical Teaching of Students with Disabilities: Part 2 (<i>grade of B or better</i>)	2	Fall Spring Summer	
Student Teaching Practicum /Practicum (<i>grade of B or better</i>)				
SPED 785	Student Teaching: Learning Disabilities, Grade 1-3 and 4-6	4	Fall Spring Summer	
OR				
SPED 785.50	Supervised Practicum: Learning Disabilities Grades 1-3 or 4-6	2	Fall Spring Summer	
OR Both of the Following				
SPED 785.51	Student Teaching: Learning Disabilities, Grade 1-3 and 4-6	2	Fall Spring Summer	
SPED 785.52	Student Teaching: Learning Disabilities, Grade 1-3 and 4-6	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	35-37	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	