

Hunter College of the City University of New York - Office of the Registrar
 DEGREE AUDIT APPLICATION FORM (DAAF) Attachment **BA/MA in Adolescent Education: Biology (415)**

LIBERAL ARTS AND SCIENCE REQUIREMENTS: Many of these courses will meet the General Education Requirements as well.

Course Prefix & Number	Course Title	Credits	Semester (Circle One)	Year Taken
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List 6 credits of English courses

			Fall Spring Summer	
			Fall Spring Summer	

List 6 credits of foreign language (please note if exempted by College on the basis of equivalency)

			Fall Spring Summer	
			Fall Spring Summer	

List 6 credits of social studies (at least one course in U.S. History or U.S. Geography)

			Fall Spring Summer	
			Fall Spring Summer	

List 3 credits in the arts

			Fall Spring Summer	
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List one college course in Calculus

			Fall Spring Summer	
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Pedagogical Requirements

Course Prefix & Number	Course Title	Credits	Semester (Circle One)	Year Taken
SEDF 703	Social Foundations of Adolescent Education	3	Fall Spring Summer	
SEDF 704	Adolescent Development, Grades 7-12	2	Fall Spring Summer	
SEDF 705	Educational Psychology: Applications to Adolescent Education	2	Fall Spring Summer	
SEDF 706	Assessment of the Teaching and Learning Process in Adolescent Education	2	Fall Spring Summer	
SEDC 710	Building the Foundations of Literacy in Adolescent Education	3	Fall Spring Summer	
SEDC 720	Adolescent Health and Safety	1	Fall Spring Summer	
SEDC 713	Methods I: Advanced Study of Secondary Learning Environments for Teaching Mathematics and Science	3	Fall Spring Summer	
SEDC 724	Methods II: Intensive Study of Teaching Diverse Learners in Science, Grades 7-12	2	Fall Spring Summer	
SEDC 754.01	Student Teaching in Biology, Grades 7-12	5	Fall Spring Summer	
SPED 708*	Teaching Students with Special Needs in Inclusive Settings	3	Fall Spring Summer	

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

I certify that the student mentioned herein, upon successful completion of the courses listed above, will have satisfied the departmental requirements.

Office of Educational Services (Rm 1000W) Signature		Date
OES Name (Please Print)		
E-mail address		

OES Stamp

Student's Signature _____ **Date** _____

Email Address _____

Submit this form with the GER DAAF