

**Hunter College of the City University of New York - Office of the Registrar**  
**DEGREE AUDIT APPLICATION FORM (DAAF) Attachment BA/MA in Music Education (457)**

**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 12 credits in the math/technology (a college course in calculus meets 6 credits of this requirement)

			Fall Spring Summer	
			Fall Spring Summer	
			Fall Spring Summer	

**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	
MUSED 677	Methods of Instrumental Music in Grades PreK-12	3	Fall Spring Summer	
MUSED 678	Methods of Teaching Vocal and General Music in Grades PreK-12	2	Fall Spring Summer	
SEDC 756	Student Teaching in Music, Grades Pre K-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
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**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**\*Submit this form with the GER DAAF\***