

**DEGREE AUDIT APPLICATION FORM (DAAF) – Bachelor of Science**  
 General Education Requirement (Matriculated Fall 2001 and after)

**Last** \_\_\_\_\_ **First** \_\_\_\_\_ **Middle** \_\_\_\_\_

Name on Diploma will be printed as it appears on academic transcript.

**ID No**    -   -       Hunter e-mail address: \_\_\_\_\_

Audit report/status will be sent to your Hunter e-mail address and e-sims account

**Expected semester of Graduation** (FILL IN YEAR) Summer \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_

Undergraduate Major: **Medical Laboratory Sciences – Concentration in Clinical Laboratory Sciences**

- READ THE ONLINE DAAF INSTRUCTIONS. (<http://registrar.hunter.cuny.edu/forms/Degreeaudit/undergrad.htm>)
- PLEASE PRINT LEGIBLY IN **BLUE OR BLACK INK ONLY**.
- **LATE OR INCOMPLETE DAAFS** WILL DELAY/PROLONG THE PROCESSING PERIOD.

**THIS AUDIT IS NOT OFFICIAL UNTIL APPROVED BY THE OFFICE OF THE REGISTRAR, DEGREE AUDIT UNIT.**

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Stage 1 – Academic Foundations		CUNY AA/AS Degree: _____			
Group	Course Prefix	Course Number	Credits	Term	Year
A: English Comp	ENGL	120			
B: Quantitative Reasoning	STAT	113			
C: US History					

Stage 2 – Broad Exposure – All courses in Stage 2 must be taken from different departments except Stage 2 Group E (Natural Science).					
Group	Course Prefix	Course Number	Credits	Term	Year
A: Survey of Lit in English					
B: Social Sciences (6 credits)					
C: Humanities					
D: Visual & Performing Arts					
E: Natural Science (7 credits)					

Stage 3 – Focused Exposure – No courses from 1 <sup>st</sup> Major may be used.					
Group	Course Prefix	Course Number	Credits	Term	Year
A: Humanities or Visual Arts					
B: Social or Natural Science					

Foreign Language		Exempt:	
Course Prefix	Course Number	Term	Year
1			
2			
3			
4			

**EXEMPT**

Pluralism & Diversity			
Course Prefix	Course Number	Term	Year
A			
B			
C			
D			

Writing Intensive			
Course Prefix	Course Number	Term	Year
1			
2			
3			

N/A			

List all courses that are pending grade changes: ex. FIN/WU/WN/INC/Z/Y/Blank Grade								For Office Use:	
Course Prefix	Course Number	Term	Year	Course Prefix	Course Number	Term	Year		
								Received By: _____	
								Date: _____	

MEDICAL LABORATORY SCIENCES MAJOR REQUIREMENTS

- LIST ONLY THOSE COURSES BEING USED FOR THE MAJOR/MINOR REQUIREMENTS.
- YOU ARE REQUIRED TO FOLLOW THE MAJOR AND MINOR REQUIREMENTS IN EFFECT WHEN YOU DECLARED YOUR MAJOR(S) AND MINOR(S). OTHERWISE, WRITTEN PERMISSION IS NEEDED FROM YOUR ADVISOR.
- TRANSFER COURSES DESIGNATED "SEE DEPT" OR "ELECT" **CANNOT BE USED** TO FULFILL MAJOR OR MINOR REQUIREMENTS.
- **RESIDENCY REQUIREMENT** 1/2 OF THE TOTAL CREDITS REQUIRED FOR YOUR MAJOR/MINOR **MUST** BE TAKEN AT HUNTER COLLEGE.
- MONITOR YOUR HUNTER E-MAIL ACCOUNT AND E-SIMS ACCOUNT FOR ALL AUDIT UPDATES.
- PLEASE USE A SEPARATE FORM FOR ADDITIONAL TRANSACTION(S).

**MLS – Concentration in Clinical Laboratory Sciences**

Required number of credits (50)

DEPT & COURSE	CRS	TERM/YEAR	GRADE	DEPT & COURSE	CRS	TERM/YEAR	GRADE
<b>ALLIED COURSES</b>							
BIOL 100				BIOL 102			
CHEM 102LC				CHEM 104LC			
CHEM 106LB				PHYS 110LC			
CHEM 222LC				CHEM 223LB			

DEPT & COURSE	CRS	TERM/YEAR	GRADE	DEPT & COURSE	CRS	TERM/YEAR	GRADE
<b>HEALTH CORE (select one of the following)</b>							
COMHE 330	3			SOC 301	3		
PHILO 254	3			MLS 400	3		

<b>SPECIALIZATION</b>							
MLS 300	3			MLS 355	3.5		
MLS 312	3			MLS 361	3		
MLS 347	3			MLS 410	3		
MLS 349	3			MLS 430	3		
MLS 351	3			MLS 450	4		
MLS 352	4			MLS 457	3		
MLS 354	3.5			MLS 460	3		

<b>ELECTIVES (2 credits)</b>							

**A SEPARATE MEMORANDUM FROM THE MAJOR AND MINOR ADVISOR FOR ANY WAIVERS, EXEMPTIONS AND/OR SUBSTITUTIONS OF REQUIRED COURSES MUST BE SUBMITTED TO THE RECORDS UNIT, ROOM 223 HUNTER NORTH.**

I certify that the student mentioned herein, upon successful completion of the courses listed above, will have satisfied the departmental requirements and is recommended for the degree of Bachelor of Science.

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

Department Stamp
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\*\*\*\*\* For Office Use Only \*\*\*\*\*

Credits required <u>120</u>	Residency _____	Incomplete e-mail & letter Sent _____
Earned credits _____	½ Major 1 _____	Eligible to graduate if current term completed _____
Credits in progress _____	Residency met _____	Initials & Date _____
Repeats deducted _____	General Education _____	Auditor _____
Total Credits _____	Core _____ P&D _____	Date Cleared _____
CPE _____	Foreign Language _____	
AA/AS Degree _____	Writing _____	
GPA _____		

CUM \_\_\_\_\_ Major 1 \_\_\_\_\_ Major 2 \_\_\_\_\_ Major 3 \_\_\_\_\_ Minor 1 \_\_\_\_\_ Minor 2 \_\_\_\_\_  
 INDX CRDS 60: \_\_\_\_\_ Latin Honors: Cum Laude \_\_\_\_\_ Magna Cum Laude \_\_\_\_\_ Summa Cum Laude \_\_\_\_\_