

Hunter College of the City University of New York - Office of the Registrar

DEGREE AUDIT APPLICATION FORM (DAAF)

Advanced Certificate- Psychiatric Nurse Practitioner—15-24 Credits

Last _____ First _____ Middle _____
Name on diploma will be printed as it appears on academic transcript.

ID No - - Telephone Home () _____ Work () _____

Last semester of attendance (FILL IN YEAR) Summer _____ Fall _____ Spring _____

- PLEASE PRINT LEGIBLY IN **BLUE OR BLACK INK ONLY**.
- **INCOMPLETE DAAFS WILL BE RETURNED TO THE STUDENT.**
- **THE BOARD OF HIGHER EDUCATION STIPULATES THAT 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 MAJOR ADVISOR(S) 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 Advanced Certificate for Psychiatric Nurse Practitioner.

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

Department Stamp

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

Student Signature _____ Date _____

Please Turn Over And Complete Specialization Section

Course Prefix & Number	Course Title	Credits	Semester (Circle One)	Year Taken
NURS 717.00	Pathophysiology	3.0	Fall Spring Summer	
NURS 750.00	Pharmacotherapeutics	3.0	Fall Spring Summer	
NURS 751.00	Health Assessment	3.0	Fall Spring Summer	
NURS 742.00	Advanced Practice Nursing with Adults I	5.0	Fall Spring Summer	
NURS 743.00	Advanced Practice Nursing with Adults II	5.0	Fall Spring Summer	
NURS 744.00	Advanced Practice Nursing with Adults III	5.0	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	15-24	Admissions Condition		GPA index (must be 3.0 or above)	
Credits in progress		Non-matric credits (under B)		Incomplete letter sent (Initials & Date)	
Thesis/Project	N/A	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	