

Hunter College of the City University of New York - Office of the Registrar
DEGREE AUDIT APPLICATION FORM (DAAF) - Bachelor of Science
Distribution Requirement (*matriculated prior to Fall 2001*)

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

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

Last semester of attendance Summer _____ Year _____ Fall _____ Year _____ Spring _____ Year _____

Undergraduate Major **Nursing (RN Pathway)**

- PLEASE PRINT LEGIBLY IN **BLUE OR BLACK INK ONLY.**
- **INCOMPLETE DAAFS WILL BE RETURNED TO THE STUDENT.**

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

Student Signature _____ Date _____

DISTRIBUTION REQUIREMENT									
<i>List only those courses being used to meet requirements.</i>									
Category I: Science and Quantitative Reasoning (20 credits)									
Course Prefix	Course Number	Crs	Term	Year	Course Prefix	Course Number	Crs	Term	Year
CHEM	100	3							
CHEM	101	1.5							
STAT	113	3							
Category II: English Composition (3 credits) Please check if you have received a prior EXEMPTION/WAIVER _____									
Course Prefix	Course Number	Crs	Term	Year	Course Prefix	Course Number	Crs	Term	Year
ENGL	120 or equivalent								
Category III: Humanities-Foreign Language (0-12 credits)					E X E M P T				
Category IV: Humanities-Literature (6 credits)									
Course Prefix	Course Number	Crs	Term	Year	Course Prefix	Course Number	Crs	Term	Year
Category V: Humanities and the Arts (9 credits)									
Course Prefix	Course Number	Crs	Term	Year	Course Prefix	Course Number	Crs	Term	Year
Category VI: Social Science (12 credits)									
Course Prefix	Course Number	Crs	Term	Year	Course Prefix	Course Number	Crs	Term	Year
PSYCH	100								
PSYCH	150								
Pluralism & Diversity Requirement (12 credits)									
Course Prefix	Course Number	Crs	Term	Year	Course Prefix	Course Number	Crs	Term	Year
1					3				
2					4				
List all courses that are pending grade changes:									
Course Prefix	Course Number	Term	Year	Course Prefix	Course Number	Term	Year	CPE Passed? YES / NO <i>Please circle one.</i> If "NO" is indicated, please contact the Testing Center, room 150 HN.	

NURSING REQUIREMENTS

PROFESSIONAL REQUIREMENTS 54 CREDITS Minimum Grade of C Required

- YOU ARE REQUIRED TO FOLLOW THE MAJOR REQUIREMENTS IN EFFECT WHEN YOU WERE ACCEPTED INTO YOUR PROGRAM. OTHERWISE, WRITTEN PERMISSION IS NEEDED FROM YOUR ADVISOR.
- TRANSFER COURSES DESIGNATED "SEE DEPT" OR "ELECT" **CANNOT BE USED** TO FULFILL MAJOR REQUIREMENTS.
- **RESIDENCY REQUIREMENT:** 1/2 OF THE TOTAL CREDITS REQUIRED FOR YOUR MAJOR/MINOR **MUST** BE TAKEN AT HUNTER COLLEGE.

DEPT & COURSE	CRS	TERM/YEAR	GRADE		DEPT & COURSE	CRS	TERM/YEAR	GRADE
NURS 379	3				NURS 479 -or- 380	3		
NURS 381	4.5				NURS 480	4.5		
NURS 384	3				NURS 482	3		
NURSING ELECTIVES								
NURS _____	3				NURS _____	3		
NURS _____	3							
Regents College Exam:				-OR-	CUNY AA Nursing Program Transfer	24		
Mat Child Nurs	8							
Adult Med-Surg	8							
Pysch Mental Hlth	8							

A SEPARATE MEMORANDUM FOR ANY WAIVERS, EXEMPTIONS AND/OR SUBSTITUTIONS OF REQUIRED COURSES MUST BE SUBMITTED TO THE RECORDS DIVISION, ROOM 217 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 (Major) Date
Chair/Advisor Name (Please Print)
E-mail address

Department Stamp

* * * * * **For Office Use Only** * * * * *

Credits required _____ 120	Residency	Incomplete letter Sent _____
Earned credits _____	1/2 Major _____	Eligible to graduate if current term completed _____
Credits in progress _____	Residency met _____	
Repeats deducted _____	Distribution Requirement _____	
Total Credits _____	Major _____	Initials & Date _____
CPE _____		
AA/AS Degree _____		
GPA		
Cum _____ Major _____		Auditor _____ Date Cleared _____