DEGREE CODE 44 CURRICULUM CODE 91

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								Mide	dle		
Name on diplon	na will be pr	inted as it a _l	opears	on acad	emic transcript.						
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Last semester of	of attendanc	e Sumn	ner		 r	-all		Spring]		
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 PLEASE 	PRINT LEGIB	LY IN BLUE	OR BLA	CKINK	<u>ONLY.</u>						
INCOMP	PLETE DAAF	S WILL BE RE	TURNED	TO THE S	TUDENT.						
THI	S AUDIT IS	NOT OFFIC	CIAL UI	NTIL AP	PROVED BY T	HE OFFICE	OF THE	E REGISTRAR, DEG	GREE AU	DIT DIVISI	ON.
Student Signat	ture								Date	e	
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			List	only tho	se courses be	ing used to	meet re	equirements.			
Category I:	Science	and Quar	ntitati	ve Rea	soning (12 d	credits)					
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ENGL	120 or	equivalent									
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Category I\	V: Human	ities-Lite	rature	(6 cre	dits)						
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Course Course Term						Term	Year	YES / NO			
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NUTRITION and FOOD SCIENCE MAJOR REQUIREMENTS

- 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
BIOL 120	4.5			BIOL 230	3		
BIOL 122	4.5			BIOL 280	3		
NFS 131	3			NFS 343	3		
NFS 141	3			NFS 402	3		
NFS 330	1			NFS 435	3		
NFS 331	3			NFS 441	3		
NFS 333	3			NFS 442	3		
NFS 335	3			NFS 443	3		
NFS 341	3			NFS 444	3		
NFS 342	3			NFS 445	1		

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 of departmental requirements and is recommended for the deg	completion of the courses listed above, will have satisfied the gree 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 Earned credits	120	Residency ½ Major	Incomplete letter Sent	
Credits in progress Repeats deducted		Residency met	Eligible to graduate if current ter	rm completed
Total Credits		Distribution Requirement		
CPE AA/AS Degree		Major	Initials & Date	
GPA				
Cum Major			Auditor [ate Cleared