

**Hunter College of the City University of New York – Office of the Registrar**  
DEGREE AUDIT APPLICATION FORM (DAAF)  
**Master of Science in BIOMEDICAL LABORATORY MANAGEMENT (30 credits)**

**Last** \_\_\_\_\_ **First** \_\_\_\_\_ **Middle** \_\_\_\_\_  
*Name on Diploma will be printed as it appears on academic transcript.*

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

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

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

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 degree of Master of Science in Biomedical Laboratory Management.**

<hr/> <b>Chair/Advisor Signature</b>	<hr/> <b>Date</b>
<hr/> <b>Chair/Advisor Name (Please Print)</b>	
<hr/> <b>E-mail address</b>	

<b>Department Stamp</b>
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THIS AUDIT IS NOT OFFICIAL UNTIL APPROVED BY THE OFFICE OF THE REGISTRAR DEGREE AUDIT UNIT

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

**Please Turn Over And Complete Specialization Section**

Course Prefix & Number	Course Title	Credits	Semester (Circle One)	Year Taken
<b>Required Courses (15 Credits)</b>				
MLS 700.00	Concepts of Disease: Diagnostic Strategies	3	Fall Spring Summer	
MLS 701.00	Emerging Laboratory Technologies	3	Fall Spring Summer	
EOHS 770.25	Topics: Biohazards & Emergency Response	3	Fall Spring Summer	
MLS 710.00	Management Practicum	3	Fall Spring Summer	
MLS 720	Risk Management for the Biomedical Laboratory	3	Fall Spring Summer	
<b>Electives (6 Credits)</b>				
		3	Fall Spring Summer	
		3	Fall Spring Summer	
		3	Fall Spring Summer	
<b>***Required Courses From: School of Professional Studies (9 Credits)***</b>				
*	Financial Management	3	Fall Spring Summer	
*	Organizational Behavior	3	Fall Spring Summer	
*	Human Resource Management	3	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 NORTH.\*\*\*\*\***

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

Credits required	<b>30</b>	Admissions Condition		GPA index (must be 3.0 or above)	
Credits in progress		Non-Matric Credits (under B)		Incomplete letter sent (Initial & 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	