

Hunter College of the City University of New York – Office of the Registrar
DEGREE AUDIT APPLICATION FORM (DAAF)
Master of Science in Nursing – Clinical Nurse Leader (42 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

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 Nursing.

_____ 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 UNIT

Student Signature _____ **Date** _____

Please Turn Over And Complete Specialization Section

Course Prefix & Number	Course Title	Credits	Semester (Circle One)	Year Taken
Nursing Core				
NURS 700	Theoretical Foundations of Nursing Science	3	Fall Spring Summer	
NURS 702	Nursing Research	3	Fall Spring Summer	
NURS 704	Urban Health Care Systems	3	Fall Spring Summer	
NURS 749	Health Promotion & Disease Prevention	3	Fall Spring Summer	
Advance Practice				
NURS 717	Pathophysiology	3	Fall Spring Summer	
NURS 750	Pharmacotherapeutics	3	Fall Spring Summer	
NURS 751	Health Assessment	3	Fall Spring Summer	
CNL Specialization Courses				
NURS 761	Clinical Leadership in Nursing I	5	Fall Spring Summer	
NURS 762	Clinical Leadership in Nursing II	10	Fall Spring Summer	
Electives				
NURS		3	Fall Spring Summer	
NURS		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	42	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	