

**Hunter College of the City University of New York - Office of the Registrar**  
**DEGREE AUDIT APPLICATION FORM (DAAF)**  
**Master of Science in Nursing- GERONTOLOGICAL NURSE/ADULT NURSE PRACTITIONER—42 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 degree of Master of Science in Nursing.**

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|  |
| 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 700.00            | Theoretical Foundations of Nursing Science                              | 3.0     | Fall Spring Summer    |            |
| NURS 702.00            | Nursing Research  | 3.0     | Fall Spring Summer    |            |
| NURS 704.00            | Urban Health Care Systems   | 3.0     | Fall Spring Summer    |            |
| NURS 749.00            | Health Promotion & Disease Prevention                                   | 3.0     | Fall Spring Summer    |            |
| NURS 717.00            | Pathophysiology for Advanced Practice Nursing: Adults/Older Adults      | 3.0     | Fall Spring Summer    |            |
| NURS 750.00            | Pharmacotherapeutics for Advanced Practice Nursing: Adults/Older Adults | 3.0     | Fall Spring Summer    |            |
| NURS 751.00            | Health Assessments of Adults/Older Adults                               | 3.0     | Fall Spring Summer    |            |
| NURS 755.00            | Primary Care: Adults/Older Adults I                                     | 5.0     | Fall Spring Summer    |            |
| NURS 757.00            | Primary Care: Adults/Older Adults II                                    | 5.0     | Fall Spring Summer    |            |
| NURS 768.00            | Advanced Practicum in Primary Care: Adults/Older Adults III             | 5.0     | Fall Spring Summer    |            |
| NURS 769.00            | Gerontological Nurse Practitioner Practicum                             | 3.0     | Fall Spring Summer    |            |
| NURS _____. ____       |   | 3.0     | 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                | 42  | 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  |  |