

Hunter College of the City University of New York – Office of the Registrar

DEGREE AUDIT APPLICATION FORM (DAAF)

Master of Social Work – CASEWORK/GROUP WORK/COMMUNITY ORGANIZATION/ ADMINISTRATION (60 credits)

Last _____ First _____ Middle _____

Name on Diploma will be printed as it appears on academic transcript.

ID No - - Hunter E-mail Account: _____

Expected Term of Graduation (FILL IN YEAR): Summer _____ Fall _____ Spring _____

- READ THE ONLINE DAAF INSTRUCTIONS <http://registrar.hunter.cuny.edu/forms/Degreeaudt/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) or pending Grade Changes

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 Social Work.

_____	_____
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
SSW 701	Social Welfare Policy and Services 1	3	Fall Spring Summer	
SSW 702	Social Welfare Policy and Services 2	3	Fall Spring Summer	
SSW 711	Human Behavior and the Social Environment 1	3	Fall Spring Summer	
SSW 712	Human Behavior and the Social Environment 2	3	Fall Spring Summer	
SSW 713	Human Behavior and the Social Environment 3	3	Fall Spring Summer	
SSW 717 SSW 718	Social Work Practice Learning Lab 1 and 2	6	Fall Spring Summer Fall Spring Summer	
SSW 751	Social Research 1	3	Fall Spring Summer	
SSW 752	Social Research 2	3	Fall Spring Summer	
One of the following				
SSW 721 SSW 722 SSW 723	Social Casework 1, 2 and 3	9	Fall Spring Summer Fall Spring Summer Fall Spring Summer	
or				
SSW 731 SSW 732 SSW 733	Group Work 1, 2 and 3	9	Fall Spring Summer Fall Spring Summer Fall Spring Summer	
or				
SSW 741 SSW 742 SSW 743	Community Organization 1, 2 and 3	9	Fall Spring Summer Fall Spring Summer Fall Spring Summer	
or				
SSW 781 SSW 782 SSW 783	Administration 1, 2 and 3	9	Fall Spring Summer Fall Spring Summer Fall Spring Summer	
SSW 790	Professional Seminar	3	Fall Spring Summer	
Two Electives (6 credits)				
SSW _ _ _ _		3	Fall Spring Summer	
SSW _ _ _ _		3	Fall Spring Summer	
and				
SSW 775	Special Topics: Social Work Ways of Knowing and Communicating	3	Fall Spring Summer	
SSW 761 SSW 762 SSW 763 SSW 764	Field Practicum 1, 2, 3 and 4 (2 Year Pathway)	12	Fall Spring Summer Fall Spring Summer Fall Spring Summer Fall Spring Summer	
or				
SSW 767 SSW 768	Field Practicum 1 and 2 (OYR Program)	12	Fall Spring Summer 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	60	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	