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

DEGREE AUDIT APPLICATION FORM (DAAF)

Doctor of Nursing Practice (DNP)- 90 credits

Track: Community/Public Health Nursing (C/PHN)

Last _____**First** _____ **Middle** _____

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

EMPL ID: _____ 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 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.

_____

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

DNP: Track- Community/Public Health Nursing (C/PHN)

Course Prefix & Number	Course Title	Credits	Semester (Circle One)	Year Taken
First Component: Core Course (48 Credits)				
NURS 70000	Theoretical Foundations of Nursing Science	3	Fall Spring Summer	
NURS 70200	Advanced Nursing Research	3	Fall Spring Summer	
NURS 70400	Healthcare Systems and Policy	3	Fall Spring Summer	
NURS 71600	Informatics for Evidence-based Practice	3	Fall Spring Summer	
NURS 71700	Advanced Pathophysiology for Nursing Practice	3	Fall Spring Summer	
NURS 74900	Health Promotion and Disease Prevention in Diverse Populations	3	Fall Spring Summer	
NURS 75000	Advanced Pharmacotherapeutics	3	Fall Spring Summer	
NURS 75100	Advanced Health Assessment	3	Fall Spring Summer	
NURS 78000	Health Care Ethics in the Life Span	3	Fall Spring Summer	
NURS 80000	Leading Systems and Organizations	3	Fall Spring Summer	
NURS 80100	Leadership for Quality Improvement	3	Fall Spring Summer	
NURS 80200	Analytic Methods for Evidence-Based Practice	3	Fall Spring Summer	
NURS 81000	Clinical Genetics	3	Fall Spring Summer	
NURS 85000	Health Policy and Population-Focused DNP Practice	3	Fall Spring Summer	
PH 75000	Introduction to Biostatistics	3	Fall Spring Summer	
PH 75200	Introduction to Epidemiology	3	Fall Spring Summer	
Second Component: (6 credits)				
PH 75400	Environmental Health and Safety	3	Fall Spring Summer	
PH 75600	Public Health and Health Care Policy and Management	3	Fall Spring Summer	
Third Component: (25 credits)				
NURS 77100	Community/Public Health Nursing I	5	Fall Spring Summer	
NURS 77200	Community/Public Health Nursing II	5	Fall Spring Summer	
NURS 77300	Community/Public Health Nursing III	5	Fall Spring Summer	
NURS 85100	Advanced Physical Assessment Practicum	1	Fall Spring Summer	
NURS 87100	Advanced Practice Public Health Nursing I	1	Fall Spring Summer	
NURS 87200	DNP in Public Health Nursing II	1	Fall Spring Summer	
NURS 87300	DNP in Public Health Nursing III	1	Fall Spring Summer	
NURS 87400	DNP in Public Health Nursing IV	6	Fall Spring Summer	

Fourth Component: Capstone courses and Elective (11 credits)

NURS 900	DNP Capstone I	3	Fall Spring Summer	
NURS 901	DNP Capstone II	3	Fall Spring Summer	
Elective		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	**90**	Admissions Condition		GPA index (must be 3.0 or above)	
Credits in progress		Non-Matric Credits (under B)		Incomplete letter sent (Initial & Date)	
Capstone Course		Condition Credits		Eligible to graduate if current term completed (Initials & Date)	
Comprehensive Exam	N/A	Out of Date Credits		Degree Posted (Initials & Date	
Professional Teaching Portfolio	N/A	Other Credits		Graduation Date	