

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

DEGREE AUDIT APPLICATION FORM (DAAF)

Master of Arts in THEATRE—30 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 Arts.

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
THC 702.00	History of Theatrical Theory and Criticism	3.0	Fall Spring Summer	
THC 751.00	History of Theatre I	3.0	Fall Spring Summer	
THC 752.00	History of Theatre II	3.0	Fall Spring Summer	
THC 790.00	Play Analysis	3.0	Fall Spring Summer	
THC 799.00	Master's Essay	3.0	Fall Spring Summer	
THC _____. ____		3.0	Fall Spring Summer	
THC _____. ____		3.0	Fall Spring Summer	
_____. ____		3.0	Fall Spring Summer	
_____. ____		3.0	Fall Spring Summer	
_____. ____		3.0	Fall Spring Summer	

Additional Requirements for the Degree	Date Completed	Expected Date of Completion
Comprehensive Examination <i>see note below</i>		
Master's Essay <i>see note below</i>		

******* 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	30	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		Condition credits		Eligible to graduate if current term completed (Initials & Date)	
Comprehensive Exam		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	