

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

DEGREE AUDIT APPLICATION FORM (DAAF)

Master of PHYSICAL THERAPY (MPT)—89 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 Physical Therapy.

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
PT 500.00	Introduction to Functional Training and Physical Agents	2.0	Fall	Spring	Summer	
PT 505.00	Human Anatomy	4.0	Fall	Spring	Summer	
PT 515.00	Kinesiology I	3.0	Fall	Spring	Summer	
PT 520.00	Human Physiology and Exercise Physiology	4.0	Fall	Spring	Summer	
PT 530.00	Growth and Development	2.0	Fall	Spring	Summer	
PT 550.00	Elethrotherapeutic Modalities	4.0	Fall	Spring	Summer	
PT 555.00	PT Prevention and Intervention	4.0	Fall	Spring	Summer	
PT 560.00	Kinesiology II	2.0	Fall	Spring	Summer	
PT 565.00	Structure and Function of the Nervous System	3.0	Fall	Spring	Summer	
PT 570.00	Clinical Medicine	3.0	Fall	Spring	Summer	
PT 575.00	Psychosocial Aspects of Clinical Practice	1.0	Fall	Spring	Summer	
PT 600.00	Clinical Education I	2.0	Fall	Spring	Summer	
PT 610.00	Clinical Orthopedics I	2.0	Fall	Spring	Summer	
PT 615.00	Cardiopulmonary Rehabilitation	3.0	Fall	Spring	Summer	
PT 620.00	Joint Examination and Treatment I	2.0	Fall	Spring	Summer	
PT 625.00	Neurological Evaluation	1.0	Fall	Spring	Summer	
PT 630.00	Research Design	2.0	Fall	Spring	Summer	
PT 635.00	Clinical Affiliation I	2.0	Fall	Spring	Summer	
PT 650.00	Neurological Rehabilitation	4.0	Fall	Spring	Summer	
PT 655.00	Adult Rehabilitation	3.0	Fall	Spring	Summer	
PT 660.00	Clinical Orthopedics II	1.0	Fall	Spring	Summer	
PT 665.00	Proprioceptive Neuromuscular Facilitation	1.0	Fall	Spring	Summer	
PT 670.00	Clinical Neurology	3.0	Fall	Spring	Summer	
PT 675.00	Joint Examination and Treatment II	3.0	Fall	Spring	Summer	
PT 680.00	Clinical Education II	1.0	Fall	Spring	Summer	
PT 685.00	Research Seminar I	1.0	Fall	Spring	Summer	
PT 690.00	Clinical Affiliation II	2.0	Fall	Spring	Summer	
PT 700.00	Clinical Education II	1.0	Fall	Spring	Summer	
PT 705.00	Orthotics and Prosthetics	2.0	Fall	Spring	Summer	
PT 710.00	Seminar in Organization and Management	3.0	Fall	Spring	Summer	
PT 715.00	Pharmacology	3.0	Fall	Spring	Summer	
PT 720.00	Joint Examination III	3.0	Fall	Spring	Summer	
PT 725.00	Electrodiagnosis and Motion Analysis	2.0	Fall	Spring	Summer	
PT 730.00	Research Seminar II	1.0	Fall	Spring	Summer	
PT 735.00	Physical Therapy in Health Promotion	2.0	Fall	Spring	Summer	
PT 750.00	Clinical Affiliation II	3.5	Fall	Spring	Summer	
PT 760.00	Clinical Affiliation III	3.5	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	89	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	