

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

DEGREE AUDIT APPLICATION FORM (DAAF)

Master of Science in COMMUNICATION SCIENCES: SPEECH-LANGUAGE PATHOLOGY—61 (73) Credits Teacher of Students with Speech and Language Disabilities (*with optional Bilingual Extension*)

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.

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
COMSC 700.00	Introduction to Research Methods	3.0	Fall	Spring	Summer	
COMSC 705.00	Acoustics, Physiologic and Auditory Phonetics	3.0	Fall	Spring	Summer	
COMSC 708.00	Anatomy and Physiology of the Speech and Voice Mechanisms	3.0	Fall	Spring	Summer	
COMSC 711.00	Language Acquisition and Development	3.0	Fall	Spring	Summer	
COMSC 712.00	Neural Processes of Communication	3.0	Fall	Spring	Summer	
COMSC 716.00	Phonological Development and Disorders	3.0	Fall	Spring	Summer	
COMSC 718.00	Language and Literacy Disorders in School-Age Children	3.0	Fall	Spring	Summer	
COMSC 720.00	Introduction to Clinic for Speech-Language Pathology	3.0	Fall	Spring	Summer	
COMSC 733.00	Clinical Methods in Speech-Language Pathology	3.0	Fall	Spring	Summer	
COMSC 752.00	Audiology for Speech Language Pathologists	3.0	Fall	Spring	Summer	
COMSC 771.01	Summer Clinical Practicum in Speech Language Pathology I	1.0	Fall	Spring	Summer	
COMSC 702.00	Multicultural Issues in Counseling and Communication	3.0	Fall	Spring	Summer	
COMSC 703.00	Professional Practice in Educational Settings	3.0	Fall	Spring	Summer	
COMSC 717.00	Language Disorders in Preschool-Age Children	3.0	Fall	Spring	Summer	
COMSC 724.00	Acquired Motor Speech and Swallowing Disorders	3.0	Fall	Spring	Summer	
COMSC 726.00	Aphasia and Associated Communication Disorders	3.0	Fall	Spring	Summer	
COMSC 736.00	Clinical Seminar in Speech-Language Pathology I	2.0	Fall	Spring	Summer	
COMSC 737.00	Clinical Seminar in Speech-Language Pathology II	2.0	Fall	Spring	Summer	
COMSC 715.00	Communication Processes Related to Aging	3.0	Fall	Spring	Summer	
COMSC 722.00	Fluency Disorders	3.0	Fall	Spring	Summer	
COMSC 725.00	Development Motor Speech & Swallowing Disorders	3.0	Fall	Spring	Summer	
COMSC 727.00	Voice Disorders	3.0	Fall	Spring	Summer	
COMSC 730.00	Cleft Palate and Craniofacial Disorders of Speech	3.0	Fall	Spring	Summer	
COMSC 731.00	Assessment and Management of Speech, Voice and Swallowing Following Surgical Intervention for Head and Neck Cancer	3.0	Fall	Spring	Summer	
OR						
COMSC 790.00	Special Topics in Speech-Language Pathology or Audiology	3.0	Fall	Spring	Summer	
COMSC 729.00	Clinical Practicum in Speech-Language Pathology I	1.0	Fall	Spring	Summer	
COMSC 739.00	Clinical Practicum in Speech-Language Pathology II	1.0	Fall	Spring	Summer	
COMSC 728.00	Summer Clinical Practicum in Speech Language Pathology II	1.0	Fall	Spring	Summer	
OR						
COMSC 772.00			Fall	Spring	Summer	
Optional Bilingual Extension Courses						
EDESL 783.00	Methodology of Teaching English to Speakers of Other Languages	3.0	Fall	Spring	Summer	
BILED 701.00	Foundations of Bilingual Education	3.0	Fall	Spring	Summer	
BILED 771.00	Psychology of Language Learning and Teaching	3.0	Fall	Spring	Summer	
BILED 778.00	Instruction through the Native Language	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	61 (73 with optional bilingual extension)	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	