

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 (68 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 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 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) verification sent to Graduate Admissions office

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 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

Course Prefix & Number	Course Title	Credits	Semester	Year Taken
COMSC 700	Introduction to Research Methods	3	Fall	
COMSC 705	Acoustics, Physiologic, and Auditory Phonetics	3	Fall	
COMSC 711	Models of Language	3	Fall	
COMSC 712	Neural Processes of Communications	3	Fall	
COMSC 720	Clinical Meth in SLP: Fundamentals of Therapeutic Intervention	3	Fall	
COMSC 716	Development and Disorders of Phonology and Articulation	3	Spring	
COMSC 717	Language Disorders in Children	3	Spring	
COMSC 728	Introduction to Clinical Practicum	1	Spring	
COMSC 726	Adult Neurogenic Communication Disorders	3	Spring	
COMSC 733	Clinical Methods in SLP: Assessment and Diagnosis	2	Spring	
COMSC 752	Audiology for Speech Language Pathologists	3	Spring	
COMSC 735	Clinical Methods in SLP 2: Reading and Dyslexia	2	Summer	
COMSC 771	Summer Clinical Practicum in SLP 1	1	Summer	
CEDF 706	Social Foundations of Education	3	Summer	
COMSC 706	Summative Project A	2	Fall	
COMSC 719	Assessment and Management of Dysphagia across the Lifespan	4	Fall	
COMSC 724	Development and Acquired Motor Speech Disorders	4	Fall	
COMSC 727	Voice Disorders	2	Fall	
COMSC 729	Clinical Practicum in Speech Language Pathology 1	1	Fall	
COMSC 738	Communication & Developmental Disabilities	3	Fall	
COMSC 702	Studies in Bilingualism	3	Spring	
COMSC 703	Professional Practice in Educational Settings	3	Spring	
COMSC 707	Summative Project B	2	Spring	
COMSC 715	Communication Processes Associated with Aging	3	Spring	
COMSC 722	Fluency Disorders	2	Spring	
COMSC 737	Clinical Seminar in Speech Language Pathology 2: AAC	2	Spring	
COMSC 739	Clinical Practicum in Speech Language Pathology 2	1	Spring	
Electives				
COMSC 781	Independent Study	1		
COMSC 782	Independent Study	2		
COMSC 783	Independent Study	3		
COMSC 772	Summer Clinical Practicum in SLP 2	1	Summer	

Additional Requirement for the Degree	Date Completed	Expected Date of Completion
Completion of 150 clock hours among school-age children		

****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	68	Admissions Condition		GPA index (must be 3.0 or above)	
Credits in progress		Non-Matric Credits (under B)		Incomplete letter sent (Initial & Date)	
Capstone Project/ Master's Essay	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	