

Last _____ First _____ Middle _____
Name on diploma will be printed as it appears on academic transcript.

ID No - - Telephone Home () _____ Work () _____

Last semester of attendance Summer _____ Year _____ Fall _____ Year _____ Spring _____ Year _____

☐ Undergraduate Major **Nursing (RN Pathway)**

- PLEASE PRINT LEGIBLY IN **BLUE OR BLACK INK ONLY.**
- **INCOMPLETE DAAFS WILL BE RETURNED TO THE STUDENT.**

THIS AUDIT IS NOT OFFICIAL UNTIL APPROVED BY THE OFFICE OF THE REGISTRAR, DEGREE AUDIT DIVISION.

Student Signature _____ **Date** _____

Stage 1 - Academic Foundations										
Group	Course Prefix	Course Number	Crs	Term	Year					
A 3crs English Comp	ENGL	120								
B 3crs Quantitative Reasoning	STAT	113								
C 3crs US History										
Stage 2 – Broad Exposure – All courses in Stage 2 must be taken from different departments except Stage 2 Group E (Natural Science).										
Group	Course Prefix	Course Number	Crs	Term	Year					
A 3crs Survey of Lit in English										
B 6crs Social Science	PSYCH	100								
	PSYCH	150								
C 3crs Humanities										
D 3crs Visual & Performing Arts										
E 17crs Natural Science	CHEM	100								
	CHEM	101								
Stage 3 – Focused Exposure – No courses from 1st major may be used.										
Group	Course Prefix	Course Number	Crs	Term	Year					
A 3crs Humanities or Visual Arts										
B 3crs Social or Natural Science										
List all courses that are pending grade changes:										
Course Prefix	Course Number	Term	Year	Course Prefix	Course Number	Term	Year			

Foreign Language

Course Prefix	Course Number	Term	Year
1			
2			
3			
4			

Pluralism & Diversity

Course Prefix	Course Number	Crs	Term	Year
A				
B				
C				
D				

Writing Intensive

Course Prefix	Course Number	Term	Year
1			
2			
3			

CPE Passed?
YES / NO

Please circle one. If "NO" is indicated, please contact the Testing Center, room 150 HN.

NURSING REQUIREMENTS

PROFESSIONAL REQUIREMENTS 54 CREDITS
Minimum Grade of C Required

- YOU ARE REQUIRED TO FOLLOW THE MAJOR REQUIREMENTS IN EFFECT WHEN YOU WERE ACCEPTED INTO YOUR PROGRAM. OTHERWISE, WRITTEN PERMISSION IS NEEDED FROM YOUR ADVISOR.
- TRANSFER COURSES DESIGNATED “SEE DEPT” OR “ELECT” **CANNOT BE USED** TO FULFILL MAJOR REQUIREMENTS.
- **RESIDENCY REQUIREMENT:** 1/2 OF THE TOTAL CREDITS REQUIRED FOR YOUR MAJOR/MINOR **MUST** BE TAKEN AT HUNTER COLLEGE

DEPT & COURSE	CRS	TERM/YEAR	GRADE		DEPT & COURSE	CRS	TERM/YEAR	GRADE
NURS 379	3				NURS 380	3		
NURS 381	4.5				NURS 480	4.5		
NURS 384	3				NURS 482	3		
NURSING ELECTIVES								
NURS _____	3				NURS _____	3		
NURS _____	3							
Regents College Exam:				-OR-	CUNY AA Nursing Program Transfer	24		
Mat Child Nurs	8							
Adult Med-Surg	8							
Psych Mental Hlth	8							

A SEPARATE MEMORANDUM FOR ANY WAIVERS, EXEMPTIONS AND/OR SUBSTITUTIONS OF REQUIRED COURSES MUST BE SUBMITTED TO THE RECORDS DIVISION, ROOM 217 HUNTER NORTH.

I certify that the student mentioned herein, upon successful completion of the courses listed above, will have satisfied the departmental requirements and is recommended for the degree of Bachelor of Science.

Chair/Advisor Signature (Major)Date

Chair/Advisor Name (Please Print)

E-mail address

Department Stamp

* * * * *

For Office Use Only

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Credits required120

Earned credits

Credits in progress

Repeats deducted

Total Credits

CPE

AA/AS Degree

GPA

CumMajor

Residency

1/2 Major

Residency met

General Education

CoreP&D

Foreign LanguageEXEMPT

Writing

Major

Incomplete letter Sent

Eligible to graduate if current term completed

Initials & Date

AuditorDate Cleared

REVISED 2/28/2006

