Hunter College School of Nursing



		Academic Year			
Application for En-	-Route Master's	DegreeS	September _	January	May/June
I. Certification (to	be completed by	the SON)			
1. Student's Name	:				
	Last	First	Middle	EMPL	ID#
2. Address:					
2. Addi 633	Number	Street			
	City	State	Zip		
3. Phone #:					
4. Hunter email: _	@myhunter.cuny.edu				
5					
Date	Dean's Signature of Approval				
II. Verification (to I	be completed by	the Registrar of	f Hunter Colle	ge)	
1. Total number of	credits complet	ted:			
1. Total Hambel of	•				
2. Degree audit sa		ılt-Gero NP – 42, esNo	PMHNP – 48,	Communi	ty – 42)
3. Grade point ave	rage:	m 3.0)			
4. Student's financ	cial account is c	leared:Yes	No		
5a I hereby red 5bThe above n			ent for the en-	route mas	ster's degree.
6. Remarks:					
7.					
Date	Signature of I				
III. Disposition (to	be completed by	y the Provost of I	Hunter College	e)	
1 M. S. Degre	ee grantedM	. S. Degree not g	ranted		
2. Effective date of	f degree				
3. Remarks:					
4.					
Date	Signature o	of Provost			