

Hunter College School of Nursing

Academic Year _____

Application for En-Route Master's Degree

__September __January __May/June

I. Certification (to be completed by the School of Nursing)

1. Student: _____
Last Name First Name Middle EMPL ID#

2. Address: _____
Number Street

City State Zip

3. Phone #: _____

4. Hunter email: _____@myhunter.cuny.edu

5. Dean's Signature of Approval _____ Date _____

II. Verification (to be completed by the Office of the Registrar)

1. Total number of credits completed: _____
(Adult-Gero NP – 42, PMHNP – 48, Community – 42)

2. Degree audit satisfactory ___Yes ___No

3. Grade point average: _____
(minimum 3.0)

4. Student's financial account is cleared: ___Yes ___No

5a. ___ I hereby recommend the above named student for the en-route master's degree.

5b. ___ The above named student is ineligible.

6. Remarks: _____

7. Signature of Registrar _____ Date _____

III. Disposition (to be completed by the Provost of Hunter College)

1. ___ M. S. Degree granted ___ M. S. Degree not granted

2. Effective date of degree _____

3. Remarks:

4. Signature of Provost _____ Date _____