Registrar's Office
62 York Street Sackville NB E4L 1E2
Phone: (506) 364-2269
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advisor@mta.ca

2022-2023
DEGREE AUDIT FORM

Bachelor of Science – Cognitive Science

Last Name	First /Preferred Name	E-mail Address	Student ID

See sections 11.3.1 and 11.3.2 of the Academic Calendar for a list of the BSc Degree requirements. Please note that you are responsible for ensuring that your registration meets all requirements for graduation.

Degree Program: **120 credits** ☐ **72 Science credits** ☐ **30 Science credits at 3/4000 level** ☐

Distribution requirements (6 credits from each area):

Arts & Letters ☐ _____ ☐ _____ **Humanities** ☐ _____ ☐ _____

Social Science ☐ _____ ☐ _____

MAJOR, Cognitive Science - 60 credits earned as follows:

- ❒ 9 credits from COMP 1631 ☐ 1731 ☐ 2611 ☐
- ❒ 3 credits from COMP 2631 ☐ 2931 ☐
- ❒ 9 credits from PSYC 1001 ☐ 1011 ☐ 2201 ☐
- ❒ 6 credits from PSYC 2101 ☐ 3111 ☐ 3201 ☐ 3211 ☐ 3101 ☐ 4101 ☐
- ❒ 6 credits from PSYC 2001 ☐ (or MATH 2311 ☐) PSYC 2011 ☐ (or MATH 2321 ☐)
- ❒ 6 credits from PHIL 2511 ☐ 3511 ☐
- ❒ 3 credits from PHIL 4511 ☐ 4521 ☐
- ❒ 3 credits from LING 3001 ☐ 3011 ☐ PSYC 3221 ☐
- ❒ 9 credits from the following, with at least 6 being at the 3000 level:
  COMP 3651 ☐ 3851 ☐ 3611 ☐ MATH/COMP 2211 ☐ 3531 ☐
  PHIL 2611 ☐ 3221 ☐ 3231 ☐ 3351 ☐ 3631 ☐ 3711 ☐ 4611 ☐ PHYS 3361 ☐ 3581 ☐
- ❒ 3 credits from MATH 1111 ☐ MATH 1151 ☐
- ❒ 3 credits from CHEM 1001 ☐ PHYS 1041 ☐ 1051 ☐

*Note students pursuing the Interdisciplinary Major in Cognitive Science under the B.Sc. degree must fulfill Regulations 11.3.4 & 11.3.5

HONOURS, Cognitive Science - 75 credits earned as follows:

- ❒ 60 credits as in the Major
- ❒ 6 credits from COGS 4990
- ❒ 9 additional credits from the following, with at least 6 credits chosen from a single discipline chosen in consultation with the Program Advisor

  COMP 3651 ☐ 3851 ☐ 3611 ☐ 4951 ☐ PHIL 3221 ☐ 3231 ☐ 3351 ☐ 3631 ☐ 3711 ☐ 4511 ☐ 4521 ☐ 4611 ☐ 4951 ☐

  PHYS 3581 ☐ 3361 ☐ 4951 ☐ PSYC 3001 ☐ 3101 ☐ 3111 ☐ 3201 ☐ 3211 ☐ 4101 ☐ 4951 ☐

MINOR: 24 credits ☐ _____ Courses: _____ _____ _____

_____ _____ _____ _____ _____

If your program contains any deviations from that prescribed in the Calendar indicate the specific change(s) below. Details of variances approved by the appropriate Program Advisor/Department Head or Academic Dean must also be sent by email to advisor@mta.ca.

_____

Student Signature: _____ Program Advisor's Signature: _____ Date: _____

(Advisor's Printed Name) _____ d / m / y