

Registrar's Office 62 York Street Sackville NB E4L 1E2 Phone: (506) 364-2269 Fax (506) 364-2272 advisor@mta.ca

2021-2022 CERTIFICATE AUDIT FORM

Biopsychology

Last Name	First /Preferred Name	E-mail Address	Student ID
See section 11.9.1, 11.9.2, and certificates. Please note that y requirements.			
CERTIFICATE, Biopsychology	<u>/</u> - 18 credits earned as follo	ows:	
☐ 6 credits from:			
BIOL 2811 ☐ PSYC 210	01 🗖		
☐ 12 credits from the follow	ing, with a minimum of 3 cred	its taken from each of BIOL	and PSYC:
BIOL 3211 □ 3401 □	4311 □		
PSYC 3101 🗖 3141 🗖 3	211 🗆 3611 🗆 4101 🗖		
If your certificate contains any Certificate Programs section), the appropriate Program Advisor Academic Advisor by email.	, indicate the specific chang	je(s) below. Details of varia	nces approved by
Student Signature:		Date:	
Program Advisor's Signature:			
(Advisor's Printed Name)			