

Last Name

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E-mail Address

Registrar's Office 62 York Street Sackville NB E4L 1E2

Student ID

CERTIFICATE AUDIT FORM

Foundations of Health

First /Preferred Name

See section 11.9.1, 11.9.2, and 11.9.3 of the Academic Calendar for detailed information on available certificates. Please note that you are responsible for ensuring that your registration meets all requirements.
CERTIFICATE, Foundations of Health - 18 credits earned as follows:
☐ 3 credits from BIOL 3211
☐ 3 credits from BIOL 3221 ☐ Or BIOL 3751 ☐
☐ 6 credits from PSYC 2101 ☐ PSYC 2611 ☐
☐ 3 credits from the following:
PSYC 3101
☐ 3 credits from the following:
PSYC 2431 3421 3311 3331 3511 4411 4411 SOCI 2611 3511 3761 4201 4601 PHIL 3511 3711 3741 COMM 4391 ECON 3111 3111
Note: Department Heads may give permission for Special Topics courses to be included in the last two lines of the certificate *Note: Students will also be required to obtain the Certificate of completion of the TCPS 2 Tutorial Course on Research Ethics
f your certificate contains any deviations from that prescribed in the Academic Calendar (see Certificate Programs section), 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: Date:
Program Advisor's Signature:
Advisor's Printed Name)