MountAllison
UNIVERSITY

**2019-2020 (January 2020)
DEGREE AUDIT FORM**

Bachelor of Science – Mathematics

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, Mathematics - 60 credits earned as follows:

- ☐ 18 credits from　MATH　1111 ☐　1121 ☐　2111 ☐　2121 ☐　2211 ☐　2221 ☐
- ☐ 3 credits from　MATH　3111 ☐　3141 ☐　3161 ☐
- ☐ 3 credits from　MATH　3011 ☐　3211 ☐　3221 ☐　3231 ☐
- ☐ 3 credits from　MATH　3151 ☐　3311 ☐　3411 ☐
- ☐ 15 credits from　MATH at the 3/4000 level: _____　_____　_____　_____　_____
- ☐ 6 credits from　COMP　1631 ☐　1731 ☐
- ☐ 9 credits from　CHEM　1001 ☐　1021 ☐　PHYS 1051 ☐　1551 ☐
- ☐ 3 credits from　BIOL　1001 ☐　1501☐　BIOC 1001 ☐　GENS 1401 ☐　PSYC 1001 ☐　1011 ☐

HONOURS, Mathematics - 78 credits earned as follows:

- ☐ 18 credits from　MATH　1111 ☐　1121 ☐　2111 ☐　2121 ☐　2211 ☐　2221 ☐
- ☐ 6 credits from　COMP　1631 ☐　1731 ☐
- ☐ 6 credits from　MATH　3111 ☐　3211 ☐
- ☐ 3 credits from　MATH　3311 ☐　3411 ☐
- ☐ 6 credits from　MATH　3011 ☐　4111 ☐　4121 ☐　4221 ☐　4311 ☐　4951 ☐　4991 ☐
- ☐ 15 credits from　MATH at the 3/4000 level: _____　_____　_____　_____　_____

- ☐ 6 credits from　MATH　4901 ☐　and　4911 ☐　**OR**　MATH at the 3/4000 level: _____　_____
- ☐ 6 credits from　MATH or COMP at 3/4000 level: _____　_____
- ☐ 6 credits from　COMP or MATH or ECON at the 2000 level or above, or COMM 3411 ☐　LING 2001 ☐　3001 ☐　PHIL 2611 ☐　3631 ☐

_____　_____

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