

Student Signature: _____

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

d / m / y

2025-2026 DEGREE AUDIT FORM

Bachelor of Arts - Mathematics

	Last Name		First /Preferred Name		E-mail Address	Student ID
	ions 11.2.1 and 11.2.2 requirements for gra		endar for a list of the B	A Degree requirements.	Please note that you are responsible for	ensuring that your registration
Degree Program: 120 credit			edits □	36 credits at 3/40	00 level 🗆	
Distribu	tion requirements	(6 credits from eac	ch area):			
Ar	ts & Letters 🗆			Humanities □		_
				Science	П	_
MA IOE	R, Mathematics -	60 cradits parno	d as follows:			
	3 credits from		□ 1151 □			
	12 credits form	MATH 1121] 2111 [] 2211 [J 2221 🗖		
	3 credits from	MATH 1311	□ 2121 □			
	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				
	12 credits from	complementary	disciplines chosen	in consultation with	the Program Advisor:	
HONOL	JRS, Mathematic 3 credits from 15 credits from 6 credits from 6 credits from 3 credits from 6 credits from 15 credits from 15 credits from 6 credits from 6 credits from 6 credits from	MATH 1111 (MATH 1121 (COMP 1631 (MATH 3111 (MATH 3311 (MATH 4011 (MATH at the 3/ MATH 4901 (1151	2211		
□ MINOR	6 credits from : 24 credits □				or COMM 3411	
					the specific change(s) below. Detail ail to advisor@mta.ca.	s of variances approved by the

Program Advisor's Signature: ____ Date: ____

(Advisor's Printed Name)