

**2025-2026
DEGREE AUDIT FORM**

Bachelor of Science – Mathematics

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

- ☐ 3 credits from MATH 1111 ☐ 1151 ☐
- ☐ 15 credits from MATH 1121 ☐ 2111 ☐ 2121 ☐ 2211 ☐ 2221 ☐
- ☐ 3 credits from MATH 3111 ☐ 3141 ☐ 3161 ☐
- ☐ 3 credits from MATH 3211 ☐ 3221 ☐ 3231 ☐ 4011 ☐
- ☐ 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:

- ☐ 3 credits from MATH 1111 ☐ 1151 ☐
- ☐ 15 credits from MATH 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 4011 ☐ 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: _____
- ☐ 9 credits from CHEM 1001 ☐ 1021 ☐ PHYS 1051 ☐ 1551 ☐
- ☐ 3 credits from BIOL 1001 ☐ 1501 ☐ BIOC 1001 ☐ GENS 1401 ☐ PSYC 1001 ☐ 1011 ☐

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) _____

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