

2025-2026 CERTIFICATE AUDIT FORM Registrar's Office 62 York Street Sackville NB E4L 1E2 Phone: (506) 364-2269 Fax (506) 364-2272 advisor@mta.ca

Mi'kmaq Studies

	Last Name	First /Preferred Name	E-mail Address	Student ID
		11.10.3 of the Academic Calendar fo ible for ensuring that your registrati		ailable certificates.
CERT	IFICATE, Mi'kmaq Studies -	18 credits earned as follows:		
	3 credits from:			
	INDG 1001 □			
	MKMW 2001			
	INDG 2881 □ 3301 □ MKMW 3001 □			
sectio	n), indicate the specific cha	eviations from that prescribed in the ange(s) below. Details of variances ap be sent by email to advisor@mta.ca.		
Stude	nt Signature:		Date:	
Progra	am Advisor's Signature:			
(Advis	or's Printed Name)			