

**2026-2027
DEGREE AUDIT FORM**

Bachelor of Arts – Specially Approved Major

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

See sections 11.2.1 and 11.2.2 of the Academic Calendar for a list of the BA Degree requirements. Please note that you are responsible for ensuring that your registration meets all requirements for graduation.

Degree Program: 120 credits 36 credits at 3/4000 level

Distribution requirements (6 credits from each area):

Arts & Letters _____ _____ Humanities _____ _____
 Social Science _____ _____ Science _____ _____

Specially Approved Major: _____ Number of Credits required: _____

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

MINOR: 24 credits _____ Courses: _____

If your program contains any deviations from that prescribed in the original approval indicate the specific change(s) below. Details of variances approved by the appropriate 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