

**2026-2027
DEGREE AUDIT FORM**

Bachelor of Science – Cognitive Science

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, Cognitive Science - 60 credits earned as follows:

- 9 credits from COMP 1631 1731 2611
- 3 credits from COMP 2711 2931
- 9 credits from PSYC 1001 1011 2201
- 6 credits from PSYC 2101 3111 3201 3211 3101 4101
- 6 credits from PSYC 2001 (or MATH 1311) PSYC 2011 (or MATH 2321)
- 6 credits from PHIL 2511 3511
- 3 credits from PHIL 4511 4521
- 3 credits from LING 3001 3011 PSYC 3221
- 9 credits from the following, with at least 6 being at the 3000 level:
 COMP 3651 3851 3611 MATH/COMP 2211 3531
 PHIL 2611 3221 3231 3351 3631 3711 4611 PHYS 3361 3581
- 3 credits from MATH 1111 or MATH 1151
- 3 credits from CHEM 1001 PHYS 1041 1051

*Note students pursuing the Interdisciplinary Major in Cognitive Science under the B.Sc. degree must fulfill Regulations 11.3.4 & 11.3.5

HONOURS, Cognitive Science - 75 credits earned as follows:

- 60 credits as in the Major
- 6 credits from COGS 4990
- 9 additional credits from the following, with at least 6 credits chosen from a single discipline chosen in consultation with the Program Advisor
 COMP 3651 3851 3611 4951 PHIL 3221 3231 3351 3631 3711 4511 4521 4611 4951
 PHYS 3581 3361 4951 PSYC 3001 3101 3111 3201 3211 4101 4951

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