

**2026-2027
CERTIFICATE AUDIT FORM**

Data Management

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

See section 11.11.1, 11.11.2, and 11.11.3 of the Academic Calendar for detailed information on available certificates. Please note that you are responsible for ensuring that your registration meets all requirements.

CERTIFICATE, Data Management - 12 credits earned as follows:

- 3 credits from MATH 1311

- 9 credits from DATA 3001 3101 4001

If your certificate contains any deviations from that prescribed in the Academic Calendar (see Certificate Programs section), 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: _____

Date: _____

Program Advisor's Signature: _____

(Advisor's Printed Name) _____