

**2026-2027  
CERTIFICATE AUDIT FORM**

**Diversity, Equity, and Inclusion**

---

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, Diversity, Equity, and Inclusion - 18 credits earned as follows:**

9 credits from the following:

SOCI 2111  2121  2211  2221  2231  2401  2501  2611

6 credits from the following:

SOCI 3101  3511  3531  3551  3701  3711  3731  3741  3771   
3781  3791

3 credits from the following:

SOCI 4201  4401  4541  4551  4561  4701  4721  4811

---

**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) \_\_\_\_\_