

**2026-2027
CERTIFICATE AUDIT FORM**

Foundations of Health

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, Foundations of Health - 18 credits earned as follows:

- 3 credits from BIOL 3211
- 3 credits from BIOL 3221 Or BIOL 3751
- 6 credits from PSYC 2101 PSYC 2611
- 3 credits from the following:
 - PSYC 3101 3151 3211 3611 4101 4611
 - BIOL 2811 3911 4221 4311
- 3 credits from the following:
 - PSYC 2431 3421 3311 3331 3511 4411
 - SOCI 2611 3511 3761 4201 4601
 - PHIL 3511 3711 3741
 - COMM 4391
 - ECON 3111

*Note: Department Heads may give permission for Special Topics courses to be included in the last two lines of the certificate
 **Note: Students will also be required to obtain the Certificate of completion of the TCPS 2 Tutorial Course on Research Ethics

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) _____