Registrar's Office
62 York Street Sackville NB E4L 1E2
Phone: (506) 364-2269
Fax (506) 364-2272
advisor@mta.ca

2016-2017
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 to the Registrar or Academic Advisor by email.

_____

_____

Student Signature: _____ **Program Advisor's Signature:** _____ **Date**: _____

(Advisor's Printed Name) _____ d / m / y