Mount Allison
UNIVERSITY

DEGREE AUDIT FORM
2014-2015

Bachelor of Arts – Philosophy

Registrar's Office
62 York Street, Sackville, NB
Canada, E4L 1E2
(506) 364-2269 (phone)
(506) 364-2272 (fax)

Last Name	First /Preferred Name	Middle Name	E-mail Address	Phone Number	Student ID #
				( )	

PLEASE READ CAREFULLY: See 11.2.1 of Academic Calendar for list of requirements for the B.A. Degree. 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 (See list in 11.2.2 of Academic Calendar)
6 credits each: **Arts & Letters** ☐ _____ , _____ **Humanities** ☐ _____ , _____
Social Science ☐ _____ , _____ **Science** ☐ _____ , _____

Note**: Asterisk courses in progress.(If you are completing a second Major from BA or BSC listings, attach the appropriate Degree Audit form listing courses).**

MAJOR, Philosophy - 60 credits earned as follows:

- ❑ 6 credits from Humanities 1600 series _____ _____
- ❑ 3 credits from PHIL 2611 ☐
- ❑ 3-9 credits from PHIL at the 2000 level _____ _____ _____
- ❑ 12 credits from PHIL 3000 ☐ 3011 ☐ 3101☐ 3221 ☐ 3231 ☐ 3240 ☐ 3250 ☐ 3301 ☐ 3311 ☐ 3891 ☐
- ❑ 12-18 credits from Philosophy at the 3/4000 level, including at least 6 at the 4000 level: _____ _____

  _____ _____ _____ _____

- ❑ 18 credits from complementary courses in Arts & Letters and Humanities, chosen in consultation with the Program Advisor:

  _____ _____ _____ _____ _____ _____

HONOURS, Philosophy - 72 credits earned as follows:

- ❑ 42 credits from first five lines of the Major, plus:
- ❑ 3 credits from PHIL 3631
- ❑ 6 credits from PHIL 4990
- ❑ 21 credits from Philosophy at the 3/4000 level, chosen in consultation with the Program Advisor:

  _____ _____ _____ _____ _____ _____

MINOR: 24 ☐_____ Courses: _____ _____ _____

_____ _____ _____ _____ _____

If your program contains any deviation from that prescribed in the Calendar, indicate the specific change(s): (Details of changes approved by the appropriate Academic Dean in consultation with the Program Advisor/Department Head should have been forwarded to the Registrar by e-mail or letter)

_____

_____

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

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