



Bachelor of Fine Arts

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 # |
|-----------|-----------------------|-------------|----------------|---------------------|--------------|
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PLEASE READ CAREFULLY: See 12.7.4 of the Academic Calendar for list of requirements for the Bachelor of Fine Arts Degree. Please note that you are responsible for ensuring that your registration meets all requirements for graduation.

Degree Program: 120 credits ☐

Note: Asterisk courses in progress.

Fine Arts Studio courses - 66 credits completed as follows:

- ☐ 18 credits from FINA 1101 ☐ 1111 ☐ 1901 ☐ 1911 ☐ 1921 ☐ 1931 ☐
☐ 6 credits from FINA 2101 ☐ 2111 ☐
☐ 12 credits from FINA 2201 ☐ 2211 ☐ 2301 ☐ 2311 ☐ 2401 ☐ 2411 ☐ 2501 ☐ 2511 ☐
☐ 3 credits from FINA 3101 ☐
☐ 12 credits from FINA 3111 ☐ 3201 ☐ 3211 ☐ 3301 ☐ 3311 ☐ 3401 ☐ 3411 ☐ 3501 ☐ 3511 ☐ 3601 ☐ 3611 ☐
☐ 12 credits from FINA 4801 ☐ 4811 ☐ 4821 ☐ 4831 ☐
☐ 3 additional credits from FINA at 2/3000 level _____

Art History courses - 24 credits completed as follows:

- ☐ 6 credits from FINH 2001 ☐ 2011 ☐
☐ 18 credits from FINH 3021 ☐ 3031 ☐ 3051 ☐ 3061 ☐ 3071 ☐ 3081 ☐ 3141 ☐ 3241 ☐ 4041 ☐ 4091 ☐ 4950 ☐ 4951 ☐
 CLAS 3601 ☐ 3611 ☐ 3701 ☐ 3711 ☐ GERM 2701 ☐ HIST 4001 ☐
 ENGL 3621 ☐ FREN 2801 ☐ PHIL 2401 ☐

Seminar courses - 6 credits completed as follows:

- ☐ 6 credits from FINA 3701 ☐ 4701 ☐

Non-Fine Arts Electives (Excluding CLAS 3601, 3611, 3701, 3711, ENGL 3621, FREN 2801, GERM 2701, HIST 4001, PHIL 2401);
24 credits completed as follows:

- ☐ **MINOR:** _____ (Optional) _____

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