MountAllison
UNIVERSITY

2022-2023
DEGREE AUDIT FORM

Bachelor of Arts – Mathematics

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**   ☐ _____ ☐ _____

MAJOR, Mathematics - 60 credits earned as follows:
- ☐ 3 credits from   MATH   1111 ☐ 1151 ☐
- ☐ 12 credits form   MATH   1121 ☐ 2111 ☐ 2211 ☐ 2221 ☐
- ☐ 3 credits from   MATH   1311 ☐   2121 ☐
- ☐ 3 credits from   MATH   3111 ☐ 3141 ☐ 3161 ☐
- ☐ 3 credits from   MATH   3011 ☐ 3211 ☐ 3221 ☐ 3231 ☐
- ☐ 3 credits from   MATH   3151 ☐ 3311 ☐ 3411 ☐
- ☐ 15 credits from   MATH at the 3/4000 level _____ _____ _____ _____ _____
- ☐ 6 credits from   COMP   1631 ☐ 1731 ☐
- ☐ 12 credits from   complementary disciplines chosen in consultation with the Program Advisor:

  _____   _____   _____   _____

HONOURS, Mathematics - 72 credits earned as follows:
- ☐ 3 credits from   MATH   1111 ☐   1151 ☐
- ☐ 15 credits from MATH   1121 ☐ 2111 ☐ 2121 ☐ 2211 ☐ 2221 ☐
- ☐ 6 credits from   COMP   1631 ☐ 1731 ☐
- ☐ 6 credits from   MATH   3111 ☐ 3211 ☐
- ☐ 3 credits from   MATH   3311 ☐ 3411 ☐
- ☐ 6 credits from   MATH   4011 ☐ 4111 ☐ 4121 ☐   4221 ☐ 4311 ☐ 4951 ☐ 4991 ☐
- ☐ 15 credits from MATH at the 3/4000 level: _____ _____ _____ _____ _____
- ☐ 6 credits from   MATH   4901 ☐ and 4911 ☐   **OR**   MATH at the 3/4000 level: _____ _____
- ☐ 6 credits from   MATH or COMP at 3/4000 level: _____ _____
- ☐ 6 credits from   COMP or MATH or ECON at the 2000 level or above, or COMM 3411 ☐ LING 2001 ☐ 3001 ☐ PHIL 2611 ☐ 3631 ☐

  _____   _____

MINOR: 24 credits ☐ _____ Courses: _____ _____ _____

_____   _____   _____   _____   _____

If your program contains any deviations from that prescribed in the Calendar 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: _____   **Program Advisor's Signature:** _____ **Date**: _____

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