

2024-2025
DEGREE AUDIT FORM

Bachelor of Arts – Canadian Public Policy

Last Name	First /Preferred Name	E-mail Address	Student ID
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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, Canadian Public Policy - 60 credits earned as follows:

- 9 credits from POLS 1001 2101 3141
- 3 credits from POLS 2001 2211 2221
- 6 credits from POLS 3031 3101 3111 3121 3211 4111
- 6 credits from ECON 1001 1011
- 12 credits from ECON 2001 2011 2101 2111 2301 2311 2701 3101 3111 3201 3211 3401 3601 3711 3721 3801 4501 - **with a maximum of 6 credits at the 2000 level**
- 24 credits from the Optional Streams; Choose 12 credits (not counted in the Core) from each of two of the following streams **with at least 6 credits in each stream at the 3/4000 level:**
 - CANA 2121 2431 3111 3301 3401 3421 3821 4301 ; 3831 Or, 3841
 - COMM 2101 2121 2131 2301 2311 3161 3321 3501 3611 3391
 - ECON 2001 2011 2101 2111 2301 2311 2701 3101 3111 3201 3211 3401 3601 3711 3721 3801 3821 4501
 - FREN 2401 2501 2601 3101 3111 3131
 - GENV 2101 3101 3111 3201 3211 4111 4201 4211
 - HIST 3401 3431 3441 3461 3471 3491 3811 4411 4441 4461
 - POLS 3031 3101 3111 3121 3151 3211 3351 4111 4121 4141 4161 INLR 4201
 - SOCI 2111 2121 2401 2611 3511 3551 3701 3711 3781 4201
 - Statistics: ECON 1701 2701 3401 4711 4721 MATH 1311 2321 3151 3311 3531 4311

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) _____

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