



Changes to Degree Audit

Please note that you are responsible for ensuring that your registration meets all requirements for graduation. Any deviation from programme requirements as listed in the academic calendar must be approved by the Academic Dean.

Please list any changes to the information which you submitted on your original Degree Audit form

Please note: Programme Advisors signature is required **only** if the changes that have been made deviate from the programme requirements.

For further information, please contact the Office of Student Services at the address above or:
Phone: (506) 364-2269
Fax: (506) 364-2272

World Wide Web Campus Information
www.mta.ca

Last Name _____ **First /Preferred Name** _____ **Student ID Number** _____

Phone Number _____ **E-mail** _____ **Unit Number** _____

Please complete only the sections in which changes have been made that affect the degree audit process.

Academic calendar under which you are completing degree requirements: (see 6.1.3 of Academic Regulations)

original _____ **change to** _____

Bachelor of Commerce: Change in registration:

Commerce Core Courses **Delete** _____, _____, _____, _____

Add _____, _____, _____, _____

Major/Elective Courses **Delete** _____, _____, _____, _____

Add _____, _____, _____, _____

Honours Courses **Delete** _____, _____, _____, _____

Add _____, _____, _____, _____

Non-Commerce Courses **Delete** _____, _____, _____, _____

Add _____, _____, _____, _____

Bachelor of Fine Arts : Change in registration:

Studio Courses **Delete** _____, _____, _____, _____

Add _____, _____, _____, _____

Art History Courses **Delete** _____, _____, _____, _____

Add _____, _____, _____, _____

Non-Fine Arts Courses **Delete** _____, _____, _____, _____

Add _____, _____, _____, _____

Bachelor of Music: Change in registration:

Music Core Courses **Delete** _____, _____, _____, _____

Add _____, _____, _____, _____

Music Elective Courses **Delete** _____, _____, _____, _____

Add _____, _____, _____, _____

Non-Music Courses **Delete** _____, _____, _____, _____

Add _____, _____, _____, _____

If your programme 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 Programme Advisor/Department Head should have been forwarded to the Registrar by e-mail or letter)

Student Signature _____ Programme Advisor Signature _____ Date : _____
(Print name below signature) d / m / y