

Registrar's Office 62 York Street Sackville NB E4L 1E2 Phone: (506) 364-2269 Fax (506) 364-2272 advisor@mta.ca

2020-2021 DEGREE AUDIT FORM

Bachelor of Arts – General Degree

| | Last Name | First /Preferre | ed Name | E-mail Address | | Student ID |
|------|---|---|--------------------|--------------------|---------------------|------------------------------|
| | sections 11.2.1 and 11.2.2 of the registration meets all requirem | e Academic Calendar for a list of t ents for graduation. | he BA Degree requi | rements. Please no | ote that you are re | esponsible for ensuring that |
| Deg | gree Program: | 120 credits 36 | credits at 3/4000 | level 🗆 | | |
| Dis | tribution requirements (6 cre | edits from each area): | | | | |
| | Arts & Letters 🗆 | 🛛 | _ Humanities | | 🛘 | |
| | Social Science 🗆 | 0 | _ Science | O | 🛛 | |
| MIN | | Courses: | | | | |
| | NOR: 24 credits □ | Courses: | | | | |
| | | Courses: | | | | |
| | | ewer than 72 credits, despit | | | | |
| of v | | deviations from that preso | | | | |
| Stud | dent Signature: | Program Adviso | or's Signature: | | Date: _ | |