

**2024-2025  
CERTIFICATE AUDIT FORM**

**Diversity, Equity, and Inclusion**

Last Name	First /Preferred Name	E-mail Address	Student ID
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**See section 11.10.1, 11.10.2, and 11.10.3 of the Academic Calendar for detailed information on available certificates. Please note that you are responsible for ensuring that your registration meets all requirements.**

**CERTIFICATE, Diversity, Equity, and Inclusion - 18 credits earned as follows:**

9 credits from the following:

SOCI 2111  2121  2211  2221  2231  2401  2501  2611

6 credits from the following:

SOCI 3101  3511  3531  3551  3701  3711  3731  3741  3771   
3781  3791

3 credits from the following:

SOCI 4201  4401  4541  4551  4561  4701  4721  4811

**If your certificate contains any deviations from that prescribed in the Academic Calendar (see Certificate Programs section), 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.

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**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Program Advisor's Signature:** \_\_\_\_\_

(Advisor's Printed Name) \_\_\_\_\_