

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

2021-2022 DEGREE AUDIT FORM

Bachelor of Arts - Cognitive Science

	Last Na	me		First /Preferred Name	E-m	ail Address	Student ID
				Calendar for a list of the BS uirements for graduation.	c Degree requ	irements. Please note	e that you are responsibl
Degree	Program:	1	l20 credits □	36 credits at 3/4000	level 🗆		
Distrib	ution requirements	s (6 credit	s from each	area):			
Aı	rts & Letters 🛘			Humani	ties 🗆		
Social Science							
<u>MAJOR</u>	, Cognitive Science -	60 credits	earned as follo	ows:			
	9 credits from	COMP 1	1631 🗆 1731 🗆	2611 □			
	3 credits from	COMP 2	2631 🗆 2931 🗆				
	9 credits from	PSYC 1	1001 🗆 1011 🗆	2201 □			
	6 credits from	PSYC 2	2101 🗆 3111 🗆	3201 🗆 3211 🗆 3101 🗆 410	1 🗆		
	6 credits from	PSYC 2	2001 □ (or MAT	TH 2311 \square) PSYC 2011 \square (or MA	TH 2321 □)		
	6 credits from	PHIL 2	2511 🗆 3511 🗆				
	3 credits from	PHIL 4	1511 🗆 4521 🗆				
	3 credits from	LING 3	3001 🗆 3011 🗆	PSYC 3221 □			
	15 credits from the following, with at least 12 being at the 3/4000 level:						
	COMP 3651 3851 3611 MATH/COMP 2211 3531						
	PHIL 2611 3221	□ 3231 □	3351 🗆 3631	□ 3711 □ 4611 □			
Note 1:	Students pursuing this	s program a	are reminded tha	at regulation 11.2.3 must still be fu	filled.		
HONOU	IRS, Cognitive Science	<u>ce -</u> 75 cred	dits earned as f	follows:			
	60 credits as in the I	Major					
	6 credits from COG	S 4990					
	9 additional credits from the following, with at least 6 credits chosen from a single discipline chosen in consultation with the Program Advisor						
	COMP 3651 3851 3611 4951 PHIL 3221 3231 3351 3631 3711 4511 4521 4611 4951						
				1 4101 4951			
	1310 3001 🗆 310	1 L 31111	□ 3201 □ 32	11 - 4101 - 4331 -			
MINOR:	24 gradita 🗆		Cour	rses:			
WIINOK.	24 Credits 🗆		Coul				
appropri	orogram contains any iate Program Advisor/[y deviation Department	s from that pre	escribed in the Calendar indicate mic Dean must also be sent by en	e the specific ch nail to advisor@n	nange(s) below. Details on ta.ca.	f variances approved by the
Student	Signature:		P	rogram Advisor's Signature:		Date:	
				(Advisor's Printed Name)			d / m / y