

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

2019-2020 (January 2020) DEGREE AUDIT FORM

Bachelor of Science – Cognitive Science

	Last Name			First /Preferred Name	E-m	ail Address	Student ID
for ens				emic Calendar for a list of the Il requirements for graduatio ts □ 72 Science cree	n.	irements. Please not Science credits at 3/4	
-	•	nto (6 oro					
	ution requireme						
A	rts & Letters			I Hun	nanities	🛛	
So	ocial Science 🗆		[]			
MAJOR	, Cognitive Scienc	<u>:e -</u> 60 cred	its earned a	s follows:			
	COMP 3651 C 3 PHIL 2611 C 32 3 credits from 3 credits from	3851 🗆 361 221 🗆 3231 MATH CHEM	2631 29 1001 10 2101 3 2001 (o 2511 35 4511 45 3001 30 vith at least 6 1 3351 1111 1001	011 0 2201 0 111 0 3201 0 3211 0 3101 0 r MATH 2311 0) PSYC 2011 0 (c 511 0 521 0 011 0 PSYC 3221 0 5 being at the 3000 level:	or MATH 2321 □) H/COMP 2211 □ 3 S 3361 □ 3581 □		3.5
<u>HONOU</u>	IRS, Cognitive Sci	<u>ence -</u> 75 ci	edits earne	d as follows:			
	60 credits as in the Major						
	6 credits from COGS 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						
	PHYS 3581 🗆 🗧	3361 🗆 49	51 🗆	PSYC 3001 🛛 3101 🗆 3	111 🗆 3201 🗆 3211	□ 4101 □ 4951 □	
MINOR:	24 credits □			Courses:			
				at prescribed in the Calendar ind Academic Dean must also be sent t			of variances approved by the
Student	Signature:			Program Advisor's Signature:		Date:	

(Advisor's Printed Name)