

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

## 2020-2021 CERTIFICATE AUDIT FORM

## **Biopsychology**

Last Name	First /Preferred Name	E-mail Address	Student ID
See section 11.9.1, 11.9.2, and certificates. Please note that yo requirements.			
CERTIFICATE, Biopsychology	- 18 credits earned as follo	ws:	
☐ 6 credits from:			
BIOL 2811  PSYC 210	1 🗖		
☐ 12 credits from the following	ng, with a minimum of 3 cred	its taken from each of BIOL	and PSYC:
BIOL 3211 □ 3401 □ 4	311 🗖		
PSYC 3101 □ 3211 □ 4	4101 🗖		
If your certificate contains any Certificate Programs section), the appropriate Program Advisor Academic Advisor by email.	indicate the specific chang	<b>je(s) below.</b> Details of varia	nces approved by
Student Signature:		Date:	
Program Advisor's Signature:			
(Advisor's Printed Name)			