

(Advisor's Printed Name)

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

## **Foundations of Health**

Last Name	First /Preferred Name	E-mail Address	Student ID
See section 11.9.1, 11.9.2, and 11.9.3 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, Foundations of	<u>Health</u> - 18 credits earne	d as follows:	
☐ 3 credits from BIOL 3211			
□ 3 credits from BIOL 3221 □ Or BIOL 3751 □			
☐ 6 credits from PSYC 2101 ☐ PSYC 2611 ☐			
☐ 3 credits from the following:			
	51	<b>4611</b> □	
☐ 3 credits from the following:			
SOCI 2611 □ 351		3511 □ 4411 □ 4601 □	
*Note: Department Heads may give per **Note: Students will also be required to			
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			
Student Signature:		Date:	
Program Advisor's Signature:			