

(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

Visual Literacy and Culture

Last Name	First /Preferred Name	E-mail Address	Student ID
	of the Academic Calendar for deta uring that your registration meets		le certificates. Ple
FICATE, Visual Literacy and Cu	ılture - 18 credits earned as follow	s:	
6 credits from:			
VMCS 1201 □ 2111 □ 3201	□ 3241 □ 4950 □ 4951 □		
3 to 6 credits from the following:			
CLAS 2501	DRAM/ENGL 1701 ☐ HIST 1681 ☐ 3831 ☐ 49		2111 🗆 3041 🗖
3 to 6 credits from the following:			
CANA 2201	COMM 3271 ☐ 4301 ☐ ☐ 4991 ☐		
3 to 6 credits from the following:			
CANA 1011	CANA/HIST 2801	31 ☐ GERM 2811 ☐	
J Portfolio			
	ions from that prescribed in the A (s) below. Details of variances apprent by email to advisor@mta.ca.		
nt Signature:		te:	