

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

2019-2020 CERTIFICATE AUDIT FORM

Biopsychology

La	ast 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, Biopsychology - 18 credits earned as follows:

- **6** credits from:
 - BIOL 2811 D PSYC 2101 D
- □ 12 credits from the following, with a minimum of 3 credits taken from each of BIOL and PSYC:

BIOL 3211 🗖 3401 🗖 4311 🗖

PSYC 3101 🗖 3211 🗖 4101 🗖

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 to the Registrar or Academic Advisor by email.

Student Signature:	Date:	
Program Advisor's Signature:		
(Advisor's Printed Name)		