

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

2022-2023 DEGREE AUDIT FORM

Bachelor of Arts - Cognitive Science

	Last N	lame		First /Preferre	ed Name	E-ma	il Address	Student ID
				nic Calendar for a		Degree requir	ements. Please not	te that you are responsible
Degree	Program:		120 credits	36 cre	edits at 3/4000 l	evel 🗆		
Distrib	ution requiremer	nts (6 cre	dits from ea	ch area):				
				ŕ	Humanitie	. e □	🛚	
	ociai Science 🗆 _		U .		_ Science	<u> </u>	🛚	
MAJOR,	, Cognitive Science	<u>-</u> - 60 cred	its earned as	follows:				
	9 credits from	COMP	1631 🗆 173	1 □ 2611 □				
	3 credits from	COMP	2631 🗆 293					
	9 credits from	PSYC	1001 🗆 101	1 🗆 2201 🗆				
	6 credits from	PSYC	2101 🗆 311	1 🗆 3201 🗆 3211 🛭	3101 🗆 4101 🛭			
	6 credits from	PSYC	2001 □ (or N	MATH 2311 □) PSYC	2011 □ (or MATI	H 2321 □)		
	6 credits from	PHIL	2511 🗆 351					
	3 credits from	PHIL	4511 🗆 452					
	3 credits from	LING	3001 🗆 301	PSYC 322	1 🗆			
	15 credits from the following, with at least 12 being at the 3/4000 level:							
	COMP 3651 3851 3611 MATH/COMP 2211 3531							
	PHIL 2611 □ 322	21 🗆 323 [,]	1 🗆 3351 🗆 36	31 🗆 3711 🗆 4611				
Note 1:	Students pursuing t	his prograi	m are reminded	that regulation 11.2.3	3 must still be fulfil	led.		
		-1 -3						
HONOU	RS, Cognitive Scie	<u>nce -</u> 75 c	redits earned	as follows:				
	60 credits as in the	e Major						
	6 credits from CC	GS 4990						
 9 additional credits from the following, with at least 6 credits chosen from a single discipline chosen in consultation with the 							e Program Advisor	
	COMP 3651 3851 3611 4951 PHIL 3221 3231 3351 3631 3711 4511 4521 4611 4951							
	PSYC 3001 31	I01 □ 31 ⁻	11 □ 3201 □	3211 🗆 4101 🗆 49	51 □			
MINOR:	24 credits \square		(Courses:				
				_				
If your p appropri	orogram contains a ate Program Adviso	iny deviati r/Departmo	ions from that ent Head or Ac	prescribed in the Cademic Dean must al	alendar indicate t so be sent by ema	he specific cha il to advisor@mt	inge(s) below. Details ta.ca.	of variances approved by the
Student	Signature:			_ Program Advisor's	Signature:		Date:	
				(Advisor's Pri	nted Name)			d / m/ y