

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

2022-2023 CERTIFICATE AUDIT FORM

Foundations of Health

	Last Na	ame	Fir	st /Prefe	rred Name	i	E-mail Address	Student ID
See section 11.10.1, 11.10.2, and 11.10.3 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 Health - 18 credits earned 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:							
	PSYC BIOL	3101	3151 □ 3911 □	_	3611 □ 4 ² 4311 □	101 🗖 🗳	l611 □	
	☐ 3 credits from the following:							
	PSYC SOCI PHIL COMM ECON	2431	3511 🗖	3311 ☐ 3761 ☐ 3741 ☐	3331 □ 4201 □	3511 □ 4601 □	4411 🗖	
*Note: Department Heads may give permission for Special Topics courses to be included in the last two lines of the certificate **Note: Students will also be required to obtain the Certificate of completion of the TCPS 2 Tutorial Course on Research Ethics								
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:								
(Advisor's Printed Name)								