

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

d / m / y

## 2023-2024 DEGREE AUDIT FORM

## **Bachelor of Arts - Political Science**

| Last Name  | First /Preferred Name   | E-mail Addr                          | ess Student ID   |
|--|---|--------------------------------------|--|
| ee sections 11.2.1 and 11.2.2 of the Acad<br>our registration meets all requirements for     | lemic Calendar for a list of the BA Degree re or graduation.  | quirements. Please note              | that you are responsible for ensuring  |
| egree Program: 120   | credits □ 36 credits at 3/40  | 00 level □                           |  |
| istribution requirements (6 credits f  | •   |                                      |  |
| Arts & Letters   |   |                                      |  |
| Social Science   | Cience  |                                      | 🛘  |
|  | el, 6 to 9 of these credits may be taken at the 20 owing four sub-fields: Political Theory (30/40), (olitics (33/43): |                                      |  |
| □ 18 credits from complementary cou  | urses in Arts & Letters, Humanities and Social S  | ciences, chosen in consult           | ation with the Program Advisor:  |
|  | parned as follows:  00 level. At least six credits at the 3/4000 level  Option must include six credits from POLS     |                                      | of the four sub-fields in Political Science.   |
| □ 12 credits from complementary cou<br>consultation with the Program Advi                    | urses in Arts & Letters, Humanities and Social S<br>sor:  |                                      | Note: Students are encouraged to compl<br>ECON 3401 as part of their complimenta<br>courses. |
| INOR: 24 credits  INOR: 24 credits   | Courses:  |                                      |  |
| your program contains any deviations from th<br>dvisor/Department Head or Academic Dean must | at prescribed in the Calendar indicate the specific also be sent by email to advisor@mta.ca.                          | <b>change(s) below.</b> Details of v | ariances approved by the appropriate Program   |
| tudent Signature:  | Program Advisor's Signature:  |                                      | Date:  |

(Advisor's Printed Name) \_\_\_\_\_