

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

2023-2024 CERTIFICATE AUDIT FORM

Biopsychology

	Last Name	First /Preferred Name	E-mail Address	Student ID
availa	-	od 11.10.3 of the Academic ote that you are responsibl		
<u>CERT</u>	IFICATE, Biopsychology	- 18 credits earned as follo	ws:	
	3 6 credits from:			
	BIOL 2811 ☐ PSYC 2101 ☐			
	12 credits from the following, with a minimum of 3 credits taken from each of BIOL and PSYC:			
	BIOL 3211	311 🗖		
	PSYC 3101 🗆 3141 🗖 32	11 🗆 3611 🗆 4101 🗖		
Note: S	Students who complete a Major	or Honours in Biopsychology n	nay not complete the Certificate	e in Biopsychology
Certifi the ap	icate Programs section), i	deviations from that preson indicate the specific chang Department Head or Acade	je(s) below. Details of varia	nces approved by
Student Signature:			Date:	
Progr	am Advisor's Signature:			
(Advis	or's Printed Name)			