

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

Foundations of Health

Last Name	First /Preferred Name	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:			
	51)1 🗖 4611 🗖	
☐ 3 credits from the following:			
SOCI 2611 □ 35°	21		
*Note: Department Heads may give per **Note: Students will also be required to			
If your certificate contains any deviate section), indicate the specific change Head or Academic Dean must also be s	e(s) below. Details of variances a		
Student Signature:		Date:	
Program Advisor's Signature:			
(Advisor's Printed Name)			