

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

Mi'kmaq Studies

	Last Name	First /Preferred Name	E-mail Address	Student ID					
		0.3 of the Academic Calendar fo for ensuring that your registrati		able certificates.					
CERTI	FICATE, Mi'kmaq Studies - 18 (credits earned as follows:							
	3 credits from:								
	INDG 1001 □								
	6 credits from:								
	MKMW 2001 □ INDG 3111 □								
0	3 credits from: INDG 2901 □ 3901 □ 6 credits from:								
						INDG 2881 3301 MKMW 3001			
					sectio		ions from that prescribed in the e(s) below. Details of variances apent by email to advisor@mta.ca.		
Student Signature:			Date:	_					
_	am Advisor's Signature:								
(Advis	or's Printed Name)								