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

2022-2023
DEGREE AUDIT FORM

Bachelor of Commerce – Honours

Last Name	First /Preferred Name	E-mail Address	Student ID

PLEASE READ CAREFULLY: See 11.5.2 of Academic Calendar for list of requirements for the B.Comm. degree. Please note that you are responsible for ensuring that your registration meets all requirements for graduation.

Degree Program: **120 credits ❐** **39 credits at 3/4000 level ❐**

Distribution requirements (See list in 11.5.3 of Academic Calendar)

6 credits each: Arts & Letters ❐_____ , _____ **Humanities** ❐ _____ , _____

HONOURS, COMMERCE - 69 credits as follows:

Commerce Degree Core Requirements, 42 credits as follows:

❐ 27 credits from COMM 1011 ❐ 1411 ❐ 2101 ❐ 2131 ❐ 2201 ❐ 2301 ❐ 3501 ❐ 4311 ❐ 4321 ❐
❐ 6 credits from ECON 1001 ❐ and 1011 ❐
❐ 3 credits from MATH* _____ (excluding MATH 1011) **OR** COMP _____
❐ 6 credits from ECON 1701 ❐ and ECON 2701 ❐ or MATH 1311 ❐ and ECON 2701 ❐
or MATH 1311 ❐ and MATH 2321 ❐ or PSYC 2001 ❐ and PSYC 2011 ❐
or SOCI 3301 ❐ and SOCI 3311 ❐ or WGST 3111 ❐ and WGST 3121 ❐
or COMM 3401 ❐ and GENV 3701 ❐

Plus:

❐ 6 credits from COMM 4990 ❐

❐ **Additional 21 Commerce electives at the 3/4000 level:**

_____ _____ _____ _____ _____ _____ _____

Note: *ECON 3201, 3211, 3301, 3601, 3711, 3921, 4111, 4501, 4521, 4611, 4621, 4711, 4721, 4801, 4811, 4821, 4990, COMP 3851 may be counted, but are not required to be counted as Commerce electives.*

❐ **Additional 51 elective credits:**

❐ 24 credits Minor in _____ (list 24 credits first) _____ _____ _____

_____ _____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____ _____

Note: *see Academic Calendar 11.5.7 for requirements and listing of minors.*

If your program contains any deviations from that prescribed in the Calendar 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: _____ **Program Advisor's Signature:** _____ **Date**: _____

(Advisor's Printed Name) _____ d / m / y