

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

d / m / y

2025-2026 DEGREE AUDIT FORM

Bachelor of Arts - Fine Arts

	Last Name	First /	/Preferred Name	E-mail Address	Student ID
	tions 11.2.1 and 11.2.2 of gistration meets all require		r a list of the BA Degree requ	irements. Please note that you	are responsible for ensuring that
Degree	Program:	120 credits □	36 credits at 3/4000	level □	
Distrib	ution requirements (6 c	credits from each area):			
Ar	ts & Letters 🗆		Humanities	·	
Sc	ocial Science 🗆	O	Science	00_	
MAJO	R, Fine Arts - 60 cred	lits earned as follows	::		
	6 credits from ARTH	1 2101 🗖 ARTH/MUS	SE 2111 🗖		
	6 credits from Art His	story (ARTH) and/or Mi	useum and Curatorial St	udies (MUSE) at the 2/3/40	000 level:
		, ,		,	
		A 1101			
	☐ 27 credits from Fine Arts studio courses at the 1/2/3000 level (9 credits must be from courses at the 3000 level)				
		_			
	6 credits from Fine	Arts Advanced studio	courses at the 4000 leve	el	
	3 credits from FINA				
J	3 credits from 1 fly	4701 🖸 4701 🖸			
Note:	Students must have a	appropriate pre-requisit	es for 2/3/4000 level stud	dio courses or permission o	of the department
MINOF	R: 24 credits □	Courses	s:	<u> </u>	
					(s) below. Details of variances strar or Academic Advisor by
Student	Signature:	Progra	am Advisor's Signature:		Date:

(Advisor's Printed Name)