MountAllison UNIVERSITY

2025-2026
DEGREE AUDIT FORM

Bachelor of Science – Cognitive Science

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

See sections 11.3.1 and 11.3.2 of the Academic Calendar for a list of the BSc Degree requirements. Please note that you are responsible for ensuring that your registration meets all requirements for graduation.

Degree Program: 120 credits ☐   72 Science credits ☐   30 Science credits at 3/4000 level ☐

Distribution requirements (6 credits from each area):

Arts & Letters ☐ _____ ☐ _____   **Humanities** ☐ _____ ☐ _____

Social Science ☐ _____ ☐ _____

MAJOR, Cognitive Science - 60 credits earned as follows:

- ☐ 9 credits from   COMP   1631 ☐ 1731 ☐ 2611 ☐
- ☐ 3 credits from   COMP   2711 ☐ 2931 ☐
- ☐ 9 credits from   PSYC   1001 ☐ 1011 ☐ 2201 ☐
- ☐ 6 credits from   PSYC   2101 ☐ 3111 ☐ 3201 ☐ 3211 ☐ 3101 ☐ 4101 ☐
- ☐ 6 credits from   PSYC   2001 ☐ (or MATH 1311 ☐) PSYC 2011 ☐ (or MATH 2321 ☐)
- ☐ 6 credits from   PHIL   2511 ☐ 3511 ☐
- ☐ 3 credits from   PHIL   4511 ☐ 4521 ☐
- ☐ 3 credits from   LING   3001 ☐ 3011 ☐   PSYC 3221 ☐
- ☐ 9 credits from the following, with at least 6 being at the 3000 level:

  COMP 3651 ☐ 3851 ☐ 3611 ☐   MATH/COMP   2211 ☐ 3531 ☐

  PHIL 2611 ☐ 3221 ☐ 3231 ☐ 3351 ☐ 3631 ☐ 3711 ☐ 4611 ☐   PHYS 3361 ☐ 3581 ☐
- ☐ 3 credits from   MATH   1111 ☐   MATH   1151 ☐
- ☐ 3 credits from   CHEM   1001 ☐   PHYS 1041 ☐ 1051 ☐

*Note students pursuing the Interdisciplinary Major in Cognitive Science under the B.Sc. degree must fulfill Regulations 11.3.4 & 11.3.5

HONOURS, Cognitive Science - 75 credits earned as follows:

- ☐ 60 credits as in the Major

- ☐ 6 credits from COGS 4990

- ☐ 9 additional credits from the following, with at least 6 credits chosen from a single discipline chosen in consultation with the Program Advisor

  COMP 3651 ☐ 3851 ☐ 3611 ☐ 4951 ☐   PHIL 3221 ☐ 3231 ☐ 3351 ☐ 3631 ☐ 3711 ☐ 4511 ☐ 4521 ☐ 4611 ☐ 4951 ☐

  PHYS 3581 ☐ 3361 ☐ 4951 ☐   PSYC 3001 ☐ 3101 ☐ 3111 ☐ 3201 ☐ 3211 ☐ 4101 ☐ 4951 ☐

MINOR: 24 credits ☐ _____   Courses: _____ _____ _____

_____ _____ _____ _____ _____

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