

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

2025-2026 CERTIFICATE AUDIT FORM

Biopsychology

	Last Name	First /Preferred Name	E-mail Address	Student ID
ava	e section 11.10.1, 11.10.2, ar ailable certificates. Please no requirements.			
CE	RTIFICATE, Biopsychology	- 18 credits earned as follo	ws:	
	☐ 6 credits from:			
	BIOL 2811 ☐ PSYC 2101 ☐			
	☐ 12 credits from the following, with a minimum of 3 credits taken from each of BIOL and PSYC:			
	BIOL 3211 🗖 3401 🗖 4	311 🗖		
	PSYC 3101 🗆 3141 🗆 32	211 🗆 3611 🗆 4101 🗖		
Not	e: Students who complete a Major	or Honours in Biopsychology n	nay not complete the Certificate	in Biopsychology
Cei the	our certificate contains any rtificate Programs section), appropriate Program Advisor ademic Advisor by email.	indicate the specific chang	je(s) below. Details of varia	nces approved by
Stu	ident Signature:		Date:	
Pro	ogram Advisor's Signature:			
(Ad	lvisor's Printed Name)			