

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

Diversity, Equity, and Inclusion

Certificate Programs section), 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:	Last Name	First /Preferred Name	E-mail Address	Student ID	
9 credits from the following: SOCI 2111	available certificates. Please note that you are responsible for ensuring that your registration meets				
SOCI 2111	CERTIFICATE, Diversity, Equite	y, and Inclusion - 18 credit	s earned as follows:		
Good Student Signature: SOCI 3101 Good State of Student Signature: SOCI 3101 Good State of Student Signature: SOCI 3101 Good State of S	☐ 9 credits from the following	g:			
SOCI 3101	SOCI 2111 🗆 2121 🗖 2	2211 🗆 2221 🗖 2231 🗖 :	2401 🗆 2501 🗖 2611 🗖		
3781	☐ 6 credits from the following	g:			
SOCI 4201 4401 4541 4551 4561 4701 4721 4811 If your certificate contains any deviations from that prescribed in the Academic Calendar (see Certificate Programs section), 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:	SOCI 3101 🗖 3511 🗖 🗧	3531 🗖 3551 🗖 3701 🗖	3711 🗆 3731 🗆 3741 🗆	3771 🗖	
SOCI 4201	3781 🗖 3791 🗖				
If your certificate contains any deviations from that prescribed in the Academic Calendar (see Certificate Programs section), 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: Date:	☐ 3 credits from the following	g:			
Certificate Programs section), 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:	SOCI 4201 □ 4401 □	4541 🗖 4551 🗖 4561 🗖	4701 🗖 4721 🗖 4811		
Student Signature: Date:	Certificate Programs section), the appropriate Program Advisor/	indicate the specific chang	je(s) below. Details of varia	inces approved by	
Program Advisor's Signature:	Student Signature:		Date:		
(Advisor's Printed Name)					