

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**

Foundations of Health

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

See section 11.10.1, 11.10.2, and 11.10.3 of the Academic Calendar for detailed information on available certificates. Please note that you are responsible for ensuring that your registration meets all requirements.

CERTIFICATE, Foundations of Health - 18 credits earned as follows:

	3 credits	from	BIOL	3211
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□ 3 credits from BIOL 3221 □ Or BIOL 3751 □

- □ 6 credits from PSYC 2101 □ PSYC 2611 □
- **3** credits from the following:

PSYC	3101 🗖	3151 🗖	3211 🗖	3611 🗖 4101 🗖	4611 🗖
BIOL	2811 🗖	3911 🗖	4221 🗖	4311 🗖	

3 credits from the following:

PSYC	2431 🗖	3421 🗖	3311 🗖	3331 🗖	3511 🗖	4411 🗖
SOCI	2611 🗖	3511 🗖	3761 🗖	4201 🗖	4601 🗖	
PHIL	3511 🗖	3711 🗖	3741 🗖			
COMM	4391 🗖					
ECON	3111 🗖					

*Note: Department Heads may give permission for Special Topics courses to be included in the last two lines of the certificate **Note: Students will also be required to obtain the Certificate of completion of the TCPS 2 Tutorial Course on Research Ethics

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:		

Program Advisor's Signature: _____

(Advisor's Printed Name)