

2025-2026 CERTIFICATE AUDIT FORM Registrar's Office 62 York Street Sackville NB E4L 1E2 Phone: (506) 364-2269 Fax (506) 364-2272 advisor@mta.ca

## **Music Education**

Last Name	First /Preferred Name	E-mail Address	Student ID
	11.10.3 of the Academic Calendar fo		able certificates.
CERTIFICATE, Music Education	<u>n</u> - 18 credits earned as follows	:	
☐ 12 credits from:			
MUSC 2301 □ 3361 □	3311 🗆 4311 🗖		
☐ 3 credits from:			
MUSC 3411 ☐ 3421 ☐	I		
☐ 3 credits from:			
MUSC 3321 □ 3331 □	3341 🗖 3351 🗖		
section), indicate the specific cha	viations from that prescribed in the nge(s) below. Details of variances appeared by email to advisor@mta.ca.		
Student Signature:  Program Advisor's Signature:  (Advisor's Printed Name)		Date:	