

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

## **Studies of Indigenous History**

	Last Name	First /Preferred Name	E-mail Address	Student ID
		11.10.3 of the Academic Calendar foible for ensuring that your registrati		ilable certificates.
CERT	IFICATE, Studies of Indigen	ous History - 18 credits earned as fo	ollows:	
	3 credits from:			
	INDG 1001 □			
_	3 credits from:			
	INDG 2801 □			
	3 credits from:			
	MKMW 2001			
	3 credits from:			
	INDG 2901 □ 3901 □			
	6 credits from:			
	INDG 3111 🗖 3831 🗖 38	321 🗆 3841 🗖 4801 🗖		
sectio	n), indicate the specific cha	eviations from that prescribed in the inge(s) below. Details of variances ap be sent by email to advisor@mta.ca.		
Stude	nt Signature:		Date:	
Progra	am Advisor's Signature:			
(Advis	or's Printed Name)			