MountAllison
UNIVERSITY

2024-2025
DEGREE AUDIT FORM

Bachelor of Arts – Cognitive Science

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

See sections 11.2.1 and 11.2.2 of the Academic Calendar for a list of the BSc Degree requirements. Please note that you are responsible for ensuring that your registration meets all requirements for graduation.

Degree Program: **120 credits** ☐   **36 credits at 3/4000 level** ☐

Distribution requirements (6 credits from each area):

     Arts & Letters ☐ _____ ☐ _____   **Humanities** ☐ _____ ☐ _____

     Social Science ☐ _____ ☐ _____   **Science**   ☐ _____ ☐ _____

MAJOR, Cognitive Science - 60 credits earned as follows:

- ☐   9 credits from   COMP   1631 ☐   1731 ☐   2611 ☐
- ☐   3 credits from   COMP   2711 ☐   2931 ☐
- ☐   9 credits from   PSYC   1001 ☐   1011 ☐   2201 ☐
- ☐   6 credits from   PSYC   2101 ☐   3111 ☐   3201 ☐   3211 ☐   3101 ☐   4101 ☐
- ☐   6 credits from   PSYC   2001 ☐ (or MATH 1311 ☐)   PSYC 2011 ☐ (or MATH 2321 ☐)
- ☐   6 credits from   PHIL   2511 ☐   3511 ☐
- ☐   3 credits from   PHIL   4511 ☐   4521 ☐
- ☐   3 credits from   LING   3001 ☐   3011 ☐   PSYC   3221 ☐
- ☐   15 credits from the following, with at least 12 being at the 3/4000 level:

  COMP   3651 ☐   3851 ☐   3611 ☐   MATH/COMP   2211 ☐   3531 ☐

  PHIL 2611 ☐   3221 ☐   3231 ☐   3351 ☐   3631 ☐   3711 ☐   4611 ☐

Note 1: Students pursuing this program are reminded that regulation 11.2.3 must still be fulfilled.

HONOURS, Cognitive Science - 75 credits earned as follows:

- ☐   60 credits as in the Major

- ☐   6 credits from COGS 4990

- ☐   9 additional credits from the following, with at least 6 credits chosen from a single discipline chosen in consultation with the Program Advisor

  COMP 3651 ☐   3851 ☐   3611 ☐   4951 ☐   PHIL 3221 ☐   3231 ☐   3351 ☐   3631 ☐   3711 ☐   4511 ☐   4521 ☐   4611 ☐   4951 ☐

  PSYC 3001 ☐   3101 ☐   3111 ☐   3201 ☐   3211 ☐   4101 ☐   4951 ☐

MINOR: 24 credits ☐ _____   Courses: _____   _____   _____

_____   _____   _____   _____   _____

If your program contains any deviations from that prescribed in the Calendar 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: _____   Program Advisor's Signature: _____   Date: _____

                       (Advisor's Printed Name) _____   d / m / y