

Student Signature: _____

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

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2024-2025 DEGREE AUDIT FORM

Bachelor of Science - Cognitive Science

	Last Nar	ne	First /Preferi	red Name	E-mail Address	Student ID
			cademic Calendar for ts all requirements for		gree requirements. Please not	e that you are responsib
Degree Program: 120 credits □ 72 Science credits □ 30 Science credits at 3/4000 level □						
Distrib	ution requirements	(6 credits fro	om each area):			
Δr	ts & letters □		0	Humanities	o o	
			0			
MAJOR	Cognitive Science -	60 credits earn	ed as follows:			
			□ 1731 □ 2611 □			
			2931 🗆			
			□ 1011 □ 2201 □			
_			□ 3111 □ 3201 □ 3211	□ 3101 □ 4101 □		
			□(or MATH 1311 □)PSY		321 □)	
			□ 3511 □	_ (:	- - ,	
	3 credits from	PHIL 4511	□ 4521 □			
	3 credits from L	ING 3001	□ 3011 □ PSYC 32	221 □		
	9 credits from the foll	owing, with at le	east 6 being at the 3000 lev	/el:		
	COMP 3651 385	_	-		2211 🗆 3531 🗆	
	PHIL 2611 3221	□ 3231 □ 335	1 🗆 3631 🗆 3711 🗆 461	1 □ PHYS 3361 □ 3	3581 □	
	3 credits from	MATH 1111	□ MATH 1151 □			
	3 credits from	CHEM 1001	□ PHYS 1041 □ 109	51 🗆		
Note stu	udents pursuing the Int	erdisciplinary M	ajor in Cognitive Science ι	ınder the B.Sc. degree ı	must fulfill Regulations 11.3.4 & 11.3	3.5
номои	RS, Cognitive Scienc	e - 75 credits e	arned as follows:			
	60 credits as in the M	_				
	6 credits from COGS	S 4990				
	9 additional credits f	rom the followin	g, with at least 6 credits ch	osen from a single disc	ipline chosen in consultation with the	e Program Advisor
	COMP 3651 □ 385 ²					-
	PHYS 3581 336	1 🗆 4951 🗆	PSYC 3001 □	3101 🗆 3111 🗀 320	01 🗆 3211 🗀 4101 🗀 4951 🗆	
MINOR:	24 credits		Courses:			
f your p	rogram contains any	deviations fro	m that prescribed in the	Calendar indicate the	specific change(s) below. Details	of variances approved by the
			d or Academic Dean must a			• • • • • • • • • • • • • • • • • • • •

Program Advisor's Signature: ______ Date: ____

(Advisor's Printed Name)