

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

2024-2025 DEGREE AUDIT FORM

Bachelor of Science – Computer Science

	Last Name		First /Preferred Name		E-mail Address	Student ID	
for ens	uring that your re	egistration meet	s all requirements for g	raduation.	egree requirements. Please n		
-	Program:			ence credits	30 Science credits at 3	3/4000 level 🗌	
Distribu	ution requiremen	ts (6 credits fror	n each area):				
			_ 🛛	Humanities		□	
			_ 🛛				
MAJOR	, Computer Scie	<u>nce -</u> 63 credits (earned as follows:				
Π	18 credits from] 1731 – 2211 – 261 [.]	1 🗖 2711 🗖 293	31 🗖		
	\square 12 credits from COMP 3611 \square 3911 \square 4721 \square 4911 \square						
	3 credits from	COMP 3361					
	9 credits from						
	3 credits from		J 1151 □				
	3 credits from	MATH 2221	-				
	6 credits from		 				
	6 credits from		J PHYS 1051 🗇 1551	-			
	3 credits from				□ PSYC 1001 □ 1011 □		
			its earned as follows:				
63 credits as in t							
			at the 3/4000 level:	the 3/4000 level:			
	6 credits from	COMP 4990	ו				
<u>MINOR:</u> 24 credits □			Courses:				
lf your p appropria	orogram contains a ate Program Advisor	ny deviations from //Department Head	that prescribed in the Ca or Academic Dean must also	lendar indicate the	e specific change(s) below. Detai to advisor@mta.ca.	Is of variances approved by the	
Student Signature:		Program Advisor's Signature:			Date: _		
			(Advisor's Prin	ted Name)		d / m/ y	