

2024-2025 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
Please note that you are resp	and 11.10.3 of the Academic Calendar fo	on meets all requirements.	ilable certificates.
<u>CERTIFICATE, MUSIC EQUC</u>	ation - 18 credits earned as follows:		
☐ 12 credits from:			
MUSC 2301 □ 3361	3311 🗆 4311 🗖		
☐ 3 credits from:			
MUSC 3411 □ 342	21 🗖		
☐ 3 credits from:			
MUSC 3321 🗖 333	1 🗖 3341 🗖 3351 🗖		
section), indicate the specific	y deviations from that prescribed in the change(s) below. Details of variances apulso be sent by email to advisor@mta.ca.		
Student Signature:		Date:	
(Advisor's Printed Name)			