

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

2024-2025 CERTIFICATE AUDIT FORM

Public History

	Last Name	First /Preferred Name	E-mail Address	Student ID
		.10.3 of the Academic Calendar fole for ensuring that your registrati		ilable certificates.
<u>CERT</u>	TIFICATE, Community Er	ngaged Learning - 18 credits	earned as follows:	
	3 credits from:			
	HIST 1601 🗖 1611 🗖	1681	11 🗆	
	9 credits from the following	ng:		
	HIST 3921 □ 4921 □	CANA 3231 □		
	6 credits from:			
	HIST 3831 □ 3861 □	4001 ☐ 4901 ☐ CLAS 38	01 🗖	
sectio	n), indicate the specific chan	ations from that prescribed in the ge(s) below. Details of variances apesent by email to advisor@mta.ca.		
Stude	ent Signature:		Date:	
Progr	ram Advisor's Signature	:		
(Advis	sor's Printed Name)			