

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

Social Research Methodologies

Loof Name	First /Preferred Name	C wasii Adduses	Ctudent ID
Last Name	First /Preferred Name	E-mail Address	Student ID
See section 11.10.1, 11.10.2, and 11.10.3 of the Academic Calendar for detailed information on available certificates. Please note that you are responsible for ensuring that your registration meets all requirements.			
CERTIFICATE, Social Researc	<u>h Methodologies</u> - 18 credi	ts earned as follows:	
☐ 6 credits from:			
PSYC 2001 🗆 2011 🗖			
☐ 6 credits from:			
SOCI 3301 🗆 3311 🗖			
☐ 6 credits from the following	g:		
COMM 3401 ☐ ECON 1	701 🗖 3401 🗖 GENV 370	1 □ INDG/SOCI 2901 □	3901 □
PSYC 3001 □ 3021 □	SOCI 3731 🗆 4311 🗖 V	VGST 3121 □	
If your certificate contains any Certificate Programs section), the appropriate Program Advisor advisor@mta.ca.	indicate the specific change	je(s) below. Details of varia mic Dean must also be sent	nces approved by
Student Signature:		Date:	
Program Advisor's Signature:			
(Advisor's Printed Name)			