

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

d / m/ y

2023-2024 DEGREE AUDIT FORM

Bachelor of Arts - Political Science

| Last Name | First /Preferred Name | E-mail Addre | ss Student ID |
|--|---|--------------------------------|--|
| See sections 11.2.1 and 11.2.2 of the Academi your registration meets all requirements for g | | quirements. Please note th | hat you are responsible for ensuring th |
| Degree Program: 120 cre | edits 36 credits at 3/40 | 00 level 🗆 | |
| Distribution requirements (6 credits from | n each area): | | |
| Arts & Letters 🗆 | _ □ Humanit | ies 🗆 | |
| Social Science 🗆 | Science | □ | 0 |
| | to 9 of these credits may be taken at the 2 ng four sub-fields: Political Theory (30/40), 0 | | |
| □ 18 credits from complementary course: | s in Arts & Letters, Humanities and Social S | ciences, chosen in consulta | ation with the Program Advisor: |
| | ed as follows: evel. At least six credits at the 3/4000 level cion must include six credits from POLS | | f the four sub-fields in Political Science. |
| consultation with the Program Advisor: | s in Arts & Letters, Humanities and Social S | E | lote: Students are encouraged to comple CON 3401 as part of their complementar ourses. |
| MINOR: 24 credits □ | | | |
| If your program contains any deviations from that pr Advisor/Department Head or Academic Dean must also | | change(s) below. Details of va | riances approved by the appropriate Program |
| Student Signature: | Program Advisor's Signature: | | Date: |

(Advisor's Printed Name)