

**2021-2022  
CERTIFICATE AUDIT FORM**

**Data Management**

---

Last Name	First /Preferred Name	E-mail Address	Student ID
-----------	-----------------------	----------------	------------

---

See section 11.9.1, 11.9.2, and 11.9.3 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, Data Management - 12 credits earned as follows:**

3 credits from MATH 1311

9 credits from DATA 3001      3101      4001

---

**If your certificate contains any deviations from that prescribed in the Academic Calendar (see Certificate Programs section), indicate the specific change(s) below.** Details of variances approved by the appropriate Program Advisor/Department Head or Academic Dean must also be sent by email to advisor@mta.ca.

---

---

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Program Advisor's Signature:** \_\_\_\_\_