

PROGRAM of STUDY

Please type all required information. Do not handwrite. List courses in the order they were/will be completed. Each course, directed reading, independent study, etc. should be listed on a separate line. Include only those courses that will be applied to the degree.

MASTER of MUSIC

M705

MAJOR: Music Composition

NAME: _____

OU ID: _____

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*
* For OU graduate courses including Norman, Tulsa, Advanced Programs and Liberal Studies, leave this column blank. For transfer credit (including OU Health Sciences Center courses), enter the institution name in this column. For courses applied to a dual master's degree, enter Shared in this column.					

REQUIRED COURSEWORK

At least two consecutive 16-week semesters of COMP 5020 are required. No less than 8 hours are required and no more than 9 may be applied to the degree.

MUS 5112	Bibliography and Research in Music	2			
COMP 5020	Master's-Level Composition for Performance Majors				

Musicology/Music Literature: 6 hours.

		3			
		3			

Music Theory: 6 hours (excluding MUTH 5812, MUTH 5822, and Music Technology courses).

		3			
		3			

Ensembles: 2 hours. Two semesters of participation on principal instrument or voice in appropriate section of MUTE 51x0 ensemble and/or New Century Ensemble (appropriate section of MUTE 5271) as advised.

		1			
		1			

Recital

GCRE 5051	Graduate Composition Recital	1			
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Electives: 2-3 hours as advised.

THESIS RESEARCH: 4 hours MUTH 5980 required. No more than 4 hours may be applied to the degree. A completed [Master's Thesis Topic and Committee Membership form](#) must be attached.

MUTH 5980	Research for Master's Thesis				
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TOTAL HOURS: 32 hours required

I intend to graduate in the _____ semester. I hereby request approval of my program of study as outlined above. I understand that I am responsible for reviewing the policies and procedures governing graduate study at the University of Oklahoma as published in the *Graduate College Bulletin*.

Student Signature _____

Date _____

I have reviewed the above-named student's proposed program of study and I recommend approval.

Printed Name of Graduate Liaison _____

Graduate Liaison Signature _____

Date _____

FOR GRADUATE COLLEGE USE ONLY:

Program effective date unknown. **Semester Admitted/Re-admitted:** _____

Date Checked: ____/____/____ | Timeline Begins: _____ | Hours Required: _____ | **OK** ____ **Problem** ____

