

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 EDUCATION

M708/Q373

MAJOR: Instrumental

CONCENTRATION: Instrumental (Primary)

NAME: _____

OU ID: _____

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*
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* 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

MUED 5212	Research in Music Education	2			
MUED 6442	Current Trends in Music Education	2			
MUED 6212	Measurement and Evaluation in Music Education	2			

Music Theory: 3 hours (excluding MUTH 5812, 5822).

		3			
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Outside Academic Course/Additional Theory Course: 3 hours. One approved academic course outside music or one additional theory course.

		3			
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Music History/Ethnomusicology: 6 hours.

		3			
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		3			
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Degree Emphasis: 4 hours of MUED 5970 Seminar in Instrumental Teaching and 6 hours of applied instrument study at the 5010 level.

Electives: 4 hours in Music Education, Applied Music, History or Literature, Music Theory, Composition, Music Technique, Education, Thesis (a completed [Master's Thesis Topic and Committee Membership form](#) must be attached), or Recital.

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 **Summer 2004**. Semester Admitted/Re-admitted: _____

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