

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

M709

MAJOR: Piano Pedagogy

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: Two semesters of PIAN 5010 are required.

MUED 5212	Research in Music Education	2			
MUED 6442	Current Trends in Music Education	2			
PIAN 5010	Master's-Level Piano for Non-Performance Music Majors	2			
PIAN 5010	Master's-Level Piano for Non-Performance Music Majors	2			
MUED 5612	Piano Pedagogy I	2			
MUED 5622	Piano Pedagogy II	2			

One of the following: 2 hours

MUED 6212	Measurement and Evaluation in Music Education				
MUED 6022	Psychological Foundations of Music Education				
MUED 6032	Sociological Foundations of Music Education				

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

		3			
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Music History/Ethnomusicology: 6 hours.

		3			
		3			

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

		3			
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Advised Elective: 2 hours. Suggested: GMER 5052, MULI 5433, MUED 5662, MUED 5642, MUED 5970 Applied Research in Piano Pedagogy.

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Additional Electives: 4 hours in Musicology and Literature, Ethnomusicology, Theory, Conducting, Composition, Applied Music, Music Ed., Piano Pedagogy, Piano Literature

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** ____