

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

M717/Q114

MAJOR: Choral Conducting

CONCENTRATION: Church Music

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.

CORE COURSE WORK

No more than 4 hours of MUTE 5512 may be applied to the degree. No more than 4 hours of MUTE 6152 may be applied to the degree.

MUTE 5512	Choral Conducting	2			
MUTE 6152	Choral Score Studies	2			
MUTE 5512	Choral Conducting	2			
MUTE 6152	Choral Score Studies	2			

Choral Ensemble: 2 hours of MUTE 5160, MUTE 5170, or MUTE 5180 as advised (2 semesters).

		1			
		1			

Musicology/Music Literature: 6 hours. No coursework taken to remediate deficiencies determined by the student's score on the Preliminary Exam may be used to fulfill this requirement. It may, however, be used as elective credit, providing it is at the 5000- or 6000-level.

		3			
		3			

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

		3			
		3			

Recital: 2 hours.

GRRE 5042	Graduate Recital-Master of Music Degree	2			
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CHURCH MUSIC AREA OF CONCENTRATION

Electives: 8 hours as approved by the Graduate Liaison and Program Advisor, to be chosen from the following: MUTE 5423, MULI 5483, MUTE 5413, COMP 5000 (2-4 hours), MUTH G4922, VOIC 5000 (2-4 hours), ORGN 5000 (2-4 hours).

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 2013**. Semester Admitted/Re-admitted: _____

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