

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

M720

MAJOR: Musicology

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 COURSE: 2 hours.

MUS 5112	Bibliography and Research in Music	2			
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CORE COURSES

Musicology: 12 hours. Any graduate level Musicology (MUSC) course with this exception: No coursework taken to remedy deficiencies in Musicology determined by the student's score on the Preliminary Exam may be applied to this requirement.

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Music Theory: 9 hours. Any graduate level Music Theory (MUTH) course except MUTH 5812 and MUTH 5822.

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ELECTIVES: 5 hours. Electives may be chosen, in consultation with the advisor, from any field so long as the course is at the 5000 level or higher.

THESIS RESEARCH: 4 hours MUSC 5980 required. A completed [Master's Thesis Topic and Committee Membership form](#) must be attached.

MUSC 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 **Summer 2015**. Semester Admitted/Re-admitted: _____

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