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** M724/Q483 **CONCENTRATION:** Organ Technology MAJOR: Organ OU ID: NAME: **COURSE NAME COURSE PREFIX HOURS GRADE** SEMESTER CREDIT* & NUMBER & YEAR * 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 COURSEWORK GRRE 5042** Graduate Recital-Master of Music Degree Musicology: 3 hours. No coursework taken to remediate deficiencies determined by the student's score on the Prelim 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 Organ Literature: 6 hours. Two courses to be chosen from MULI 5453, 5463, or 5473. **MULI 5453** Organ Literature I: Renaissance and Baroque **MULI 5463** Organ Literature II: 1750-1900 **MULI 5473** Organ Literature III: 1900-Present ORGAN TECHNOLOGY AREA OF CONCENTRATION **MUTE 5423** History & Fundamentals of Pipe Organ Construction & Design Organ Construction & Design I **MUTE 5453** 3 **MUTE 5463** Organ Construction & Design II 3 Applied Study in Organ: 6 hours of ORGN 5020 must be taken over at least 3 consecutive semesters Master's-Level Organ for Performance Majors 2 **ORGN 5020** Master's-Level Organ for Performance Majors **ORGN 5020** 2 **ORGN 5020** Master's-Level Organ for Performance Majors 2 Music Theory: 3 hours (excluding MUTH 5812, MUTH 5822, and Music Technology courses). 3 ELECTIVES: 3 hours. As approved by Graduate Liaison and Program Advisor. **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 GRADUATE COLLEGE 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:**

| Timeline Begins:

| Hours Required: