

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

M730/Q481

MAJOR: Voice

CONCENTRATION: Opera

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 COURSES: 3 hours in Music Theory. Any graduate level MUTH course except MUTH 5812 or 5822 or Music Technology courses may be taken.

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OPERA CONCENTRATION

4 semesters MUTE 5290 required. 8 hours VOIC 5020 required.

MUTE 5290	Opera Production	2			
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MUTE 5290	Opera Production	2			
MUTE 5382	Acting for Opera I	2			
MUTE 5392	Acting for Opera II	2			
VOIC 5020	Master's-Level Voice for Performance Majors				
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Musicology (MUSC): 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.

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Music Electives: 3 hours as approved by Graduate Liaison and Program Advisor, to be chosen from graduate level music offerings not associated directly with opera performance. Enrollment for credit in MUTE 5970 Vocal Coaching is acceptable.

Electives in Dance or Drama: 3 hours with permission of the department and as approved by Graduate Liaison and Program Advisor.

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

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