

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

M706/Q686

MAJOR: General

CONCENTRATION: Vocal/General

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

MUED 5212	Research in Music Education	2			
Music History: 6 hours. Any graduate level MUSC or MULI courses.					
		3			
		3			

REQUIRED COURSES

MUED 6212	Measurement and Evaluation in Music Education	2			
MUED 6442	Current Trends in Music Education	2			
Music Theory: 3 hours. Any graduate level MUTH course.					
		3			

Outside Elective/Music Theory: 3 hours. One graduate-level academic course outside the School of Music that has been approved by the student's Music Education advisor or one additional course in MUTH is required.

		3			
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Electives: 4 hours. Electives as approved by the student's Music Education advisor in music education, music history/literature, and/or music theory, applied music, composition, conducting, ethnomusicology or Thesis Research (for Thesis students only; a completed [Master's Thesis Topic and Committee Membership form](#) must be attached).

DEGREE EMPHASIS: 10 hours. 4 hours of VOIC 5010 required.

MUED 5522	Voice Pedagogy I	2			
MUED 5562	Solfège I	2			
MUED 5970	Multicultural Music Seminar	1			
MUED 5970	Choral Conducting Seminar	1			
VOIC 5010	Master's-Level Voice for Non-Performance Music Majors				

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 2021**. Semester Admitted/Re-admitted: _____

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