

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/Q114

MAJOR: Organ

CONCENTRATION: Church Music

NAME: _____

OU ID: _____

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*
* 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	2			
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				

CHURCH MUSIC AREA OF CONCENTRATION

Applied Study in Organ: 8 hours of ORGN 5020. Organ majors must enroll in ORGN 5020 for at least two consecutive 16-week semesters.

ORGN 5020	Master's-Level Organ for Performance Majors				
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Music Theory: 6 hours (excluding MUTH 5812, MUTH 5822, and Music Technology courses).

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Ensemble: 1 hour of MUTE 5160, MUTE 5170, or MUTE 5180.

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ELECTIVES: 6 hours as approved by Graduate Liaison and Program Advisor, to be chosen from the following: MUTE 5423, MUTE 5512, MUTE 6152, MULI 5483, MUTE 5413, COMP 5000 (2-4 hours), MUTH 5922, or VOIC 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** ____