

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 FINE ARTS in DANCE

M265

MAJOR: Dance

NAME: _____

OU ID: _____

COURSE PREFIX & NUMBER	COURSE NAME	HOURS	GRADE	SEMESTER & YEAR	CREDIT*
* For OU graduate courses including Norman, Tulsa, and Extended Campus, 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 COURSEWORK

DANC 5023	Introduction to Graduate Study in Dance	3			
DANC 5743	Dance History: Early Roots	3			
DANC 5753	Dance History: Three Centuries of Development	3			
DANC 5713	History of World Dance	3			
DANC 5613	Graduate Choreography	3			
DANC 5613	Graduate Choreography	3			
DANC 5813	Advanced Teaching of Dance	3			
DANC 5913	Graduate Project in Dance	3			
AMGT 5013	Overview of Arts Management and Entrepreneurship	3			
DANC 5322	Advanced Dance Improvisation	2			

Dance Technique: 12 hours of DANC 5224 Graduate Ballet Technique or DANC 5324 Graduate Modern Dance Technique.

		4			
		4			
		4			

Performing Dance Company: 8 hours of DANC 5292 Advanced Ballet Company Class or DANC 5392 Advanced Modern Dance Company Class.

		2			
		2			
		2			
		2			

ELECTIVES: 6 hours. Choose 3 hours in graduate courses outside the major. Choose 3 hours from School of Dance electives or other appropriate areas.

THESIS RESEARCH: 3 hours required. A completed [Master's Thesis Topic and Committee Membership form](#) must be attached.

DANC 5980	Research for Master's Thesis				
-----------	------------------------------	--	--	--	--

TOTAL HOURS: 58 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 **Fall 2024**. Semester Admitted/Re-admitted: _____

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