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 M720						
MAJOR: Musicology						
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 enter the institution name in this column. For courses applied to a dual master's degr			er credit (includin	g OU Health Sciences	
REQUIRED COURSE: 2 hours.						
MUS 5111	Bibliography and Research in Music	1				
MUS 5121	Document Proposal	1				
CORE COURSES Musicology: 12 hours. Any graduate level MUSC course.						
Music Theory: 9 h	Music Theory: 9 hours. Any graduate level MUTH course (except MUTH 5811, MUTH 5821, and any MUTK courses).					
ELECTIVES: 5 hours. Electives may be chosen, in consultation with the advisor, from any field so long as the course is at the 5000 level or higher.						
ELECTIVES: 5 HOUR	s. Electives may be chosen, in consultation with the advisor, from any field so to	ng as the co	ourse is at t	ne 5000 level of	iigner.	
	: 4 hours MUSC 5980 required. A completed <u>Master's Thesis Topic and Commit</u> Research for Master's Thesis	<u>tee Membe</u>	rship form	must be attache	d.	
MUSC 5980	Research for Master's Thesis					
	TOTAL HOURS:		32 h	nours 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 gradu	uate study at the University of Oklahoma as published in the <i>Graduate</i>	College E	Bulletin.	ATE		
				AADU	TENC	
Student Signature Date				5		
o ca a circ o .g. i a ca	24.6			THE UNIV	EST. 1909 VERSITY OF OKLAHOMA	
				GRAD	UATE COLLEGE	
I have reviewed the above-named student's proposed program of study and I recommend approval.						
Printed Name of Graduate Liaison Graduate Liaison			n Signature [
FOR GRADUATE	COLLEGE USE ONLY:					
Program effective Summer 2023. Semester Admitted/Re-admitted:						
Date Checked:/						