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 M735 MAJOR: Wind/Percussion/String NAME: OU ID: **COURSE PREFIX COURSE NAME HOURS GRADE SEMESTER** CREDIT & NUMBER * 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. REQUIRED COURSEWORK Applied Study in Major Instrument (5020): 8-10 hours required for bass, cello, viola, or violin. 8-12 hours required for brass, guitar, harp, percussion, or woodwinds. Musicology/Music Literature: 6 hours from any graduate level MUSC or MULI courses. Music Theory: 6 hours from any graduate level MUTH courses (excluding MUTH 5811, MUTH 5821, and any MUTK courses). Music Ensembles: 4 hours over 4 semesters of MUTE 5050, MUTE 5060, or MUTE 5140 required. 2 hours over 2 semesters in MUTE 5050, MUTE 5060, or MUTE 5140 required for saxophone, guitar, and harp. Recital: 2 hours. Must be enrolled in at least 2 hours of applied major instrument in any semester a recital is performed. Graduate Recital-Master of Music Degree **ELECTIVES:** 4-6 hours from any graduate-level coursework as approved by the graduate liaison. A maximum of 4 hours in large ensemble participation is permitted. Students may count no more than 2 hours in chamber ensembles toward degree requirements **TOTAL HOURS:** 32 hours required semester. I hereby request approval of my program of I intend to graduate in the ___ 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 GRADUATE COLLEGE I have reviewed the above-named student's proposed program of study and I recommend approval. Graduate Liaison Signature Printed Name of Graduate Liaison Date FOR GRADUATE COLLEGE USE ONLY: Program effective Summer 2023. Semester Admitted/Re-admitted:

| Timeline Begins:

Hours Required:

Problem

Date Checked: