PROGRAM OF STUDY FORM (DMA): Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONCENTRATION (major)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructions to the student and advisor:

Please fill out this form during the first semester of study. Using the graduate catalog and handbook, make a list of the courses the student will take including applied lessons and ensembles.

YEAR ONE\_\_\_\_\_\_\_\_\_\_\_\_\_(inclusive dates)

Fall Semester

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| Course # | Title | Credit Hours | Grade Earned |
| \*MUS 600 | Research Methods | 3 |  |
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\*Mandatory unless the student has already taken this course in a previous program, has passed the diagnostic examination, and the requirement has been waived by the Director of Graduate Studies. If so, please make a note of that fact.

Spring Semester

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| Course # | Title | Credit Hours | Grade Earned |
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YEAR TWO\_\_\_\_\_\_\_\_\_\_\_\_(inclusive dates)

Fall Semester

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| Course # | Title | Credit Hours | Grade Earned |
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Spring Semester

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| Course # | Title | Credit Hours | Grade Earned |
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YEAR THREE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(inclusive dates)

Fall Semester

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| Course # | Title | Credit Hours | Grade Earned |
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Spring Semester

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| Course # | Title | Credit Hours | Grade Earned |
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YEAR FOUR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(inclusive dates)

Fall Semester

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| --- | --- | --- | --- |
| Course # | Title | Credit Hours | Grade Earned |
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Spring Semester

|  |  |  |  |
| --- | --- | --- | --- |
| Course # | Title | Credit Hours | Grade Earned |
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Comprehensive Exam Date Passed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director of Graduate Studies Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Copies to go to the student, advisor and Director of Graduate Studies.