

Plan of Study for the Degree of Doctor of Musical Arts

Name: _____
Last
First
Middle Initial

Student ID: and/or NetID: Phone: _____

Email address: _____

This plan of study should be completed and submitted to the Office of the Registrar when not more than 18 credits of course work to be offered for the degree have been completed. The successful completion of all work indicated on the plan of study is a fundamental prerequisite for the conferring of the degree. The plan of study must be signed by the student and by each member of the advisory committee before submission to the Office of the Registrar for final approval.

Any request for changes should be submitted to the Office of the Registrar for approval on the "Request for Changes in Plan of Study" form.

Degree and Professional Diplomas held at present

COLLEGE	DEGREE	DATE GRANTED	FIELD OF STUDY

Field of Doctoral Study: _____

PROGRAM EMPHASIS

Area of Concentration (check one): Conducting Performance | _____

Advisory Committee (print names only, minimum of three required)

MAJOR ADVISOR _____ ASSOCIATE ADVISOR _____

ASSOCIATE ADVISOR _____ ASSOCIATE ADVISOR _____

ASSOCIATE ADVISOR _____ ASSOCIATE ADVISOR _____

LEAVE BLANK

Date of DMA admission: _____ Date by which all requirements for degree must be completed: _____

DMA FOREIGN LANGUAGE REQUIREMENT

Students in all areas are required to have a competent reading knowledge of at least one appropriate foreign language. The language requirement should be met prior to preparation for the General Examination. Approved methods for demonstrating reading competence are explained in the Foreign Language section under "The Doctor of Philosophy Degree" in the current Graduate Catalog.

List language(s) and method(s) below.

LANGUAGE	HOW TO BE FULFILLED		
_____	EXAM <input type="checkbox"/>	NATIVE SPEAKER <input type="checkbox"/>	COURSEWORK <input type="checkbox"/>
_____	EXAM <input type="checkbox"/>	NATIVE SPEAKER <input type="checkbox"/>	COURSEWORK <input type="checkbox"/>
_____	EXAM <input type="checkbox"/>	NATIVE SPEAKER <input type="checkbox"/>	COURSEWORK <input type="checkbox"/>

Student's Signature: _____ Date: _____

APPROVAL:
(original signatures required)

MAJOR ADVISOR _____

ASSOCIATE ADVISOR _____

ASSOCIATE ADVISOR _____

ASSOCIATE ADVISOR _____

ASSOCIATE ADVISOR _____

Reviewed:

Director of Graduate Studies in Music: _____