



PLAN OF STUDY FOR THE DEGREE OF DOCTOR OF MUSICAL ARTS

FIRST NAME _____

LAST NAME _____

STUDENT ID # (SEVEN DIGITS) _____

NETID _____

PHONE _____

EMAIL _____

- This plan of study should be completed and submitted to The Graduate School, U-1152, in the Graduate Center when not more than eighteen 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 Graduate School for final approval. When fully approved, copies of the plan of study are scanned and e-mailed to the student, major advisor, and department administrator.
- Any request for changes should be submitted to The Graduate School 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 _____

AREA OF CONCENTRATION (CHECK ONE) CONDUCTING PERFORMANCE

PROGRAM EMPHASIS: _____

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 the degree must be completed _____

D.M.A. FOREIGN LANGUAGE REQUIREMENT

• Students in all areas except voice are required to have a competent reading knowledge of at least one appropriate foreign language. Students in voice must have a competent reading knowledge of at least two appropriate foreign languages. 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 _____

APPROVED: _____
DATE THE GRADUATE SCHOOL