## Election of Major
### Music: Applied Concentration (46 hours)

#### 2008-2009 Catalog

**Name__________________________ I.D. Number__________________________**

Planned Degree Completion Date: Mo. _____ Yr. _____

*One Degree: _____ BA _____ BS*

<table>
<thead>
<tr>
<th>Required Courses</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>MUS 110 Computer Applications in Music</td>
<td>2.0</td>
</tr>
<tr>
<td>MUS 113 Aural Skills I</td>
<td>1.0</td>
</tr>
<tr>
<td>MUS 114 Aural Skills II</td>
<td>1.0</td>
</tr>
<tr>
<td>MUS 125 Music Theory I (MUS 106 preq.)</td>
<td>3.0</td>
</tr>
<tr>
<td>MUS 213 Aural Skills III</td>
<td>1.0</td>
</tr>
<tr>
<td>MUS 225 Music Theory II</td>
<td>3.0</td>
</tr>
<tr>
<td>MUS 231 Music History and Analysis I</td>
<td>3.0</td>
</tr>
<tr>
<td>MUS 232 Music History and Analysis II</td>
<td>4.0</td>
</tr>
<tr>
<td>MUS 370 Junior Recital</td>
<td>1.0</td>
</tr>
<tr>
<td>MUS 420 Advanced Analysis (W)</td>
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</tr>
<tr>
<td>MUS 470 Senior Recital</td>
<td>1.0</td>
</tr>
</tbody>
</table>

Four hours of ensembles:

1. ___________________________ __________
2. ___________________________ __________
3. ___________________________ __________
4. ___________________________ __________

Four hours of keyboard or alternate area lessons:

1. ___________________________ __________
2. ___________________________ __________
3. ___________________________ __________
4. ___________________________ __________

Six hours of applied concentration lessons (major):

1. ___________________________ __________
2. ___________________________ __________
3. ___________________________ __________
4. ___________________________ __________
5. ___________________________ __________
6. ___________________________ __________

Seven hours of approved electives selected from non-applied areas:

1. ___________________________ __________
2. ___________________________ __________
3. ___________________________ __________
4. ___________________________ __________

Explain transfer, substitutions, or other irregularities:

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Advisor Signature ________________________________ Date __________________

Department Chair Signature __________________________ Date __________________

*I understand I have final responsibility for monitoring my graduation requirements.*

Student Signature ________________________________ Date __________________

Return this form to the Office of the Registrar