

Election of Major

Music: Theory-Composition Concentration (54-56 hours)

2020-2021 Catalog

Name: _____ I.D. Number: _____

Planned Degree Completion Date: Mo. _____ Yr. _____ ✓ One Degree: _____BA _____BS

Required Courses

Do not write in shaded area

			Hours
<input type="checkbox"/>	MUS 109	Class Piano I: Majors	1.0
<input type="checkbox"/>	MUS 113	Aural Skills I	1.0
<input type="checkbox"/>	MUS 119	World Musics	3.0
<input type="checkbox"/>	MUS 121	Computer Applications in Music	1.0
<input type="checkbox"/>	MUS 125	Music Theory I: Tonal Harmony (MUS 106 preq.)	3.0
<input type="checkbox"/>	MUS 148	Class Piano II: Majors	1.0
<input type="checkbox"/>	MUS 201	Applied Piano (major)	1.0
<input type="checkbox"/>	MUS 212	Aural Skills II	1.0
<input type="checkbox"/>	MUS 213	Aural Skills III	1.0
<input type="checkbox"/>	MUS 225	Music Theory II: Chromatic Harmony	3.0
<input type="checkbox"/>	MUS 226	Music Theory III: 20 th Century/Contemporary Tech.	3.0
<input type="checkbox"/>	MUS 243	Beginning Composition (2 Semesters)	2.0
<input type="checkbox"/>	MUS 248	Class Piano III: Majors	1.0
<input type="checkbox"/>	MUS 332	Music History I	3.0
<input type="checkbox"/>	MUS 341	Basic Conducting	2.0
<input type="checkbox"/>	MUS 347	Counterpoint, Form, & Analysis	2.0
<input type="checkbox"/>	MUS 353	Intermediate Composition (2 Semesters)	2.0
<input type="checkbox"/>	MUS 370	Half Recital	1.0
<input type="checkbox"/>	MUS 430	Advanced Composition	1.0
<input type="checkbox"/>	MUS 432	Music History II	3.0

Four hours of ensembles:

<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____

Four hours of applied lessons:

<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____

Seven hours of electives of approved electives with Department approval:

<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____

Explain transfer, substitutions, or other irregularities:

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