

Election of Major

Music: Theory-Composition Concentration (47-48 hours)

2015-2016 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 110 Computer Applications in Music	2.0
<input type="checkbox"/>	MUS 113 Aural Skills I	1.0
<input type="checkbox"/>	MUS 114 Aural Skills II	1.0
<input type="checkbox"/>	MUS 125 Music Theory I (MUS 106 preq.)	3.0
<input type="checkbox"/>	MUS 141 Recording Techniques	3.0
<input type="checkbox"/>	MUS 213 Aural Skills III	1.0
<input type="checkbox"/>	MUS 225 Music Theory II	3.0
<input type="checkbox"/>	MUS 226 Contemporary Techniques	3.0
<input type="checkbox"/>	MUS 227 Keyboard Harmony	1.0
<input type="checkbox"/>	MUS 231 Music History and Analysis I	3.0
<input type="checkbox"/>	MUS 232 Music History and Analysis II	4.0
<input type="checkbox"/>	MUS 243 Beginning Composition	1.0
<input type="checkbox"/>	MUS 313 Orchestration	
<input type="checkbox"/>	OR	2.0
<input type="checkbox"/>	MUS 355 Choral Arranging	
<input type="checkbox"/>	MUS 341 Basic Conducting	2.0
<input type="checkbox"/>	MUS 353 Intermediate Composition	1.0
<input type="checkbox"/>	MUS 370 Half Recital	1.0
<input type="checkbox"/>	MUS 420 Advanced Analysis (W)	3.0

Four hours of ensembles:

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

Three hours of keyboard or alternate area lessons:

<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"/>	_____	_____	_____

Two or more courses selected from: MUS 261, 262, 263, 264, 321, 323

<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