

**DMA Program of Study - Strings**

Name:	Student ID:	Total Credits:
Major Prof/Advisor	Start date:	End date:

DIAGNOSTIC EXAMS (all diagnostic deficiencies must be satisfied within 3 semesters of start date)

<input type="checkbox"/>	Deficiency	Satisfied (Date)	Deficiency	Satisfied (Date)

**MUSC 801: MUSIC BIBLIOGRAPHY AND RESEARCH** (3 credits)

<input type="checkbox"/>	Semester:	Grade:	Waived:	Date waived:
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**STUDIO INSTRUCTION 961: Directed Study** (18 credits)

<input type="checkbox"/>	Semester	Credits	Grade	Semester	Credits	Grade	Semester	Credits	Grade

**MUSC/MTHC (Must enroll in at least 1 each MUSC and MTHC)** (12 credits)

<input type="checkbox"/>	Course	Semester	Credits	Grade	Course	Semester	Credits	Grade

**SEMINARS (9), PEDAGOGY, ELECTIVES (11)** (20 credits total)

<input type="checkbox"/>	Course	Semester	Credits	Grade	Course	Semester	Credits	Grade

**OPTIONAL COGNATE AREA:** \_\_\_\_\_ (12 credits)

<input type="checkbox"/>	Course	Semester	Credits	Grade	Course	Semester	Credits	Grade

(attach list of courses comprising the Cognate)

DMA LECTURE RECITAL \_970 (4 credits) OR

DMA DOCUMENT ONLY \_972 (4 credits)

**DMA RECITALS \_965 (3 credits @ 1 credit each)**

<input type="checkbox"/>	Recital	Date	Grade	Credits	Recording	Semester	Credits	Grade	Recital Date
	1								
	2								
	3								

GRADUATE ADVISORY COMMITTEE (End of second semester of study)

Name	
	Chair
	Member/Co-Chair
	Member
	Member
	Grad Studies Rep (Outside)

- Written Qualifying Exams
    - Musicology Passed \_\_\_\_\_ (date)
    - Theory Passed \_\_\_\_\_ (date)
    - Major Field Passed \_\_\_\_\_ (date)
  - Residency requirement met (2 semesters): Semester 1 \_\_\_\_\_ Semester 2 \_\_\_\_\_
  - Oral Comprehensive Exam Passed \_\_\_\_\_ (date)
  - Final Exam/Document Defense Passed \_\_\_\_\_ (date)
- Document Title:*

Graduation Check List GRADUATION SEMESTER \_\_\_\_\_

- Applied For Graduation
- Document submitted to ProQuest/KU ScholarWorks for publication
- ETD release form
- Signed Title Page, Approval Page and Abstract on file
- Doctoral Survey completed
- All recital recordings and programs on file

Student Signature:  
 Advisor Signature:

**NOTES:**

Please make and date notes of any changes to the original plan of study. Changes must be initialed by the advisor to be considered permanent.