FINAL SEMESTER PLAN

Due Oct. 1 for Fall graduation
Due Feb. 1 for Spring Graduation
Due Jun. 1 for Summer Graduation

Name_____________________________________ Student Number________________

Degree sought____________________Concentration________________________________

COURSES IN PROGRESS
Course number and name
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
If Recital is to be completed, provide scheduled date:
________________________________________________________________________
If Thesis is to be completed, provide title and advisor:
________________________________________________________________________

Obtain signatures of your GRADUATE FACULTY COMMITTEE:
(to consist of four members)

________________________________________
Department Head or Graduate Music Advisor

________________________________________
Professor with whom you have studied

________________________________________
Professor with whom you have studied

________________________________________
Professor with whom you have studied

Attach Course of Study form