

Consult the Graduate Catalog at catalog.unt.edu for degree requirements. Students must submit the degree plan by the end of the second semester of study.
Application for graduation is through the student center at my.unt.edu. Degree Plans are not accepted the semester a student plans to graduate.

Name: _____ UNT ID: _____
(Last, First, MI)

Address: _____ Email: _____
(Street and Number, City, State, Zip)

Instrument (subplan) _____

Track (select one) Jazz Performance Jazz Composition

Jazz Studies Leveling Courses

Review Course (based on GPE score)

_____ MUMH 5510 post-1750

Courses to be completed for the Master's degree

Course	Semester Completed	Credit Hours	Grade
MULB 5174, Large Ensemble	_____	1, 1	_____
MUJS 5440, Introduction to Research in Jazz Studies	_____	_____	_____
MUJS 5470, Conducting College Jazz Ensembles	_____	_____	_____
MUJS 5480, Pedagogy of Jazz	_____	_____	_____
MUJS 5780, Jazz Styles and Analysis	_____	_____	_____
Electives, 3 hours. Must be outside of Jazz Studies			
Course prefix & number	_____	_____	_____
	_____	_____	_____

Jazz Performance Track

Course	Semester Completed	Credit Hours	Grade
MUJS 5490, Advanced Jazz Improvisation	_____	_____	_____
MUCM 5550, Jazz Chamber Music	_____	1, 1, 1, 1	_____
Applied Jazz : MUJS 5331 (piano), 5532 (sax), 5533 (voice), 5536 (trumpet), 5537 (trombone), 5538 (bass),	_____	2, 2, 2	_____
5539 (drumset), MUAC 5526 (guitar), MUJS 5535 Jazz Recital	_____	2	_____

Jazz Composition Track

Course

MUJS 5534, Jazz Composition _____ 2, 2, 2 _____

MUJS 5540, Composition for the Media _____ _____

MUCM 5550, Jazz Chamber Music _____ 1 _____

MUJS 5535 Jazz Recital _____ 2 _____

Total Semester Hours Required _____ **32** _____

Additional Requirements

Students in all tracks must pass an oral comprehensive examination.

Anticipated date of comprehensive examination: Semester: _____ Year: _____

Date by which degree must be completed: Semester: _____ Year: _____
(Five years from the first graduate course)

Program Approval

Major Professor _____ Date _____
(print) (signature)

College of Music Graduate Advisor _____ Date _____
(print) (signature)

Director of Graduate Studies _____ Required Review if checked
(print) (signature)

Dean, Toulouse Graduate School _____ Date _____

For Graduate Studies Office Only

Comments: