

Must be typewritten

Campus _____
Ethnicity: _____
Sex: _____

William Carey University
Degree Application
Doctor of Arts in Music
Music Education Emphasis

Name _____
(Enter *official name only* to appear on diploma.)

SID#: _____

Current Address: _____

Date of Application: _____ Catalog Date: _____ Expected Date of Graduation: _____

MAJOR AREA (27 hours)			
Course #'s	Hours	Grades	Terms
DME 625	3		
DME 710	3		
DML 610	3		
DMR 650	3		
DMR 825	4		
DMR 850	5		
DMR 875	0		
DMT 610	3		
DMT 710	3		

EMPHASIS AREA (15 hours)			
Course #'s	Hours	Grades	Terms
DME 715	3		
DME 725	3		
DME 735	3		
DME 785	0		
DME 810	3		
DMW 610	3		

ELECTIVES (9 hours)			
Course #'s	Hours	Grades	Terms
	3		
	3		
	3		
	3		

Please note:
* If transfer credit, give correct course number

Signature of Applicant: _____ Date: _____

(Do not write in this space)

Hours transferred _____

Hours in residence _____

Hours in MAJOR AREA _____

Hours in EMPHASIS AREA _____

Hours in ELECTIVES _____

GPA _____

Total hours _____ Date _____

Registrar's signature: _____

Exceptions authorized: _____

Degree Plan Approved:

Advisor: _____ Date _____

Music Dean: _____ Date _____