Southern Illinois University Carbondale

Application for Comprehensive Examination

School of Music
Southern Illinois University Carbondale

Name_____ Date _____

Candidate for THE MASTER OF MUSIC in _____
Area of Specialization

Screening Exams taken _____
Results: Theory _____ Aural _____ History _____
(date) *(pass – fail)*

Proficiency courses taken
_____
Course number(s), semester taken & grade

I plan to receive my degree : Fall – Spring – Summer _____
year

I have submitted/completed the following in support of the Master of Music degree:

Written Thesis ____ Document ____ Composition ____ Recital ____ - _____
Date of recital

Committee _____(chair), _____ & _____

List all courses taken
(On reverse, describe briefly the content of any independent study courses taken)

Course Title	Course Number	Credit Hours	Instructor	Grade

Date and Time of Examination – Written _____ Oral
_____

Approved_____