

**PROGRAM OF STUDIES FORM**  
**Master of Music in: Music Therapy**  
**Degree Track: Non-Thesis**

Degree will appear on final transcript and diploma as:  
 Program: Music Therapy  
 Major: Music Therapy

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

EMPLID: \_\_\_\_\_ Major Professor: \_\_\_\_\_

Semester Entered: \_\_\_\_\_ Proposed Semester of Graduation: \_\_\_\_\_

List only courses that will be counted toward your degree. Do not list excess coursework. Your transcript will list every course you have taken at FSU.

**Major Area**

Semester	Prefix	Number	Title	Credits	Grade
	MUE	5396	Music in Special Education	3	
	MUY	5411	Music in Counseling	2	
	MUY	5705	Applied Music Assessment in Music Therapy/Education	2	
	MUY	5935	Seminar – Graduate Research in Music Therapy	2	
	MUY	5305	Medical Music Therapy	3	
	MUM	5808	Grant Writing in Music Therapy and the Arts	3	
	MUY	5306	Behavioral Health Counseling	3	
	MUY	5941	Advanced Music Therapy Clinical Placement	2	
	MUY	5941	Graduate Clinical Placement	6	
	MUS	8966	Comprehensive Exam	0	
			<b>Minimum Total</b>	<b>18</b>	

**Continued on page 2.**

**Other Studies in Music (as recommended by advisor)**

Semester	Prefix	Number	Title	Credits	Grade
	MUS	5616	Psychology of Music	3	
	MUS	5619	Behavior Modification	3	
	MV_	535_	Applied Lessons	2	
	MVS	5156	Class Guitar	1	
	MUS	5657	Nonverbal Communication	3	
	MUE	5938	Intro to Grad Study in Music Ed.	3	
	MUS	5721	Perception of Music	3	
	MUS	5722	Descriptive Research	3	
	MUS	5906	Directed Individual Study	Up to 3	
	MUE	5096	Arts in Medicine	Up to 3	
	MUY	5612	Drumming	1	
	MUN	5_ _ _	Ensembles	1	
	MVS	5556	Guitar Repertoire	1	
	MUS	5723	Experimental Research	3	

**Other Studies Outside of Music (as recommended by advisor)**

Semester	Prefix	Number	Title	Credits	Grade

Continued on page 3.

**Equivalency Courses (as recommended by advisor)**

Semester	Prefix	Number	Title	Credits	Grade

**Total Minimum Required Hours      36**

**Approved Program Substitutions**

Semester	Prefix (Required)	Number (Required)	Requirement Title	Prefix (Substitution)	Number (Substitution)	Substitution Title	Credits	Approval Date and Initials

Additional remedial coursework may be required, as determined and advised by area faculty.

\_\_\_\_\_  
Major Professor's Signature

\_\_\_\_\_  
Associate Dean's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date