

## Certificate Plan

Name: \_\_\_\_\_ Concentration: \_\_\_\_\_  
(Last, First, MI)

UM UID: \_\_\_\_\_ UM Email: \_\_\_\_\_@memphis.edu

### Degrees Held

	Bachelor's	Other (if applicable)
Name of Institution	_____	_____
Degree/Year Received	_____	_____
Major/Minor	_____	_____

### Degree Completion Plan

Student should perform certificate recital by \_\_\_\_\_ Student should graduate by \_\_\_\_\_

### Student Agreement

I, the student, agree to the terms and conditions of this degree plan. I acknowledge that any changes to this degree plan must be approved by my major professor and the Graduate Coordinator.

\_\_\_\_\_  
(signature) Date \_\_\_\_\_

### Program Approval

Major Professor \_\_\_\_\_ Date \_\_\_\_\_  
(signature)

Graduate Coordinator \_\_\_\_\_ Date \_\_\_\_\_  
(signature)

### Vocology Certificate Courses (total 12 credits)

Prefix	Number	Course Title	Credits	Semester Planned/Completed	Grade
MUSE	7501	-- Vocal Pedagogy 1	3	_____	_____
MUSE	7502	-- Vocal Pedagogy 2	3	_____	_____
AUSP	7003	-- Anat./Phys.	3	_____	_____
AUSP	7000	-- Speech Science	3	_____	_____

**TOTAL: 12 CREDITS**