

Vocology Certificate

(2019)

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

List the semester and year.

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 Associate Director of Graduate Studies.

(signature)

Date _____

Program Approval

Major Professor _____
(signature)

Date _____

Associate Director
of Graduate Studies _____
(signature)

Date _____

		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