

VOCOLGY CERTIFICATE

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 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

(signature)

Date _____

Graduate Coordinator

(signature)

Date _____

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 OR			
AUSP	7208	--	Clin Exp Spch Lang Path	3	_____	_____
AUSP	7003	--	Anat/Phys of the Speech Mechanism	3	_____	_____
AUSP	7000	--	Speech Science	3	_____	_____

TOTAL: 12 CREDITS