

Wichita State University
Graduate Music
Program Approval Form

To be completed within your first semester of enrollment (~~full~~-students)
or at the completion of your first six semester hours

Name _____ MyWSU ID _____
[] MM [Specialization _____] [] MME [Specialization _____]

PERMISSION TO PURSUE

MASTER OF MUSIC

_____ History/Literature [requires thesis and foreign language]
_____ Theory/Composition [requires composition thesis]