

UConn

SCHOOL OF FINE ARTS

MUSIC

Performer's Certificate Plan of Study – Voice

Name

NetID

Semester & Year Admitted

1. Required Curriculum

a. Fall

Course #	Semester & Year	Credits	Grade
MUSI 5323	Fall	7	
MUSI 5305 or MUSI 5325	Fall	1	
MUSI 5300	Fall	1	

b. Spring

Course #	Semester & Year	Credits	Grade
MUSI 5323	Spring	1	
MUSI 5305 or MUSI 5325	Spring	1	
MUSI 5300	Spring	1	

2. Recital

Recital Date	Supervising Instructor	Pass/Fail

Student's Signature

Date

Approved Plan of Study

_____ Major Advisor (print)	_____ Major Advisor's Signature	_____ Date
_____ Area Coordinator (print)	_____ Area Coordinator's Signature	_____ Date
_____ Associate Department Head for Graduate Studies (print)	_____ Associate Department Head for Graduate Studies Signature	_____ Date

To Registrar's Office: U-4077, Fax: ext. 0062