

Student Name: _____

UR-ID: _____

**Doctor of Musical Arts Degree, Conducting
Eastman School of Music
Program of Study**

Conducting:

Course Number	Course Title	Semester	Credits	✓
Total Conducting Credits:				

Research and Writing Seminars:

Course Number	Course Title	Semester	Credits	✓
Total Research and Writing Seminar Credits:				

Music Theory:

Course Number	Course Title	Semester	Credits	✓
Total Music Theory Credits:				

If declaring a minor, please identify it here:

Minor/Electives:

Course Number	Course Title	Semester	Credits	✓
Total Minor/Elective Credits:				

Performance Requirements:

Course Number	Course Title	Date	✓
ESM 508	DMA Conducting Performance		
ESM 503	DMA Lecture Recital		

Total credits:

Foreign Language requirement (if applicable):

Language	Date (or anticipated date) or completion

Remedial Courses (list only if required):

Course Number	Course Title	Semester	Credits	✓

Instructions for submitting your program of study:

Students: Please save the document using the format *last name_first name_POS* for the filename, and then email the document as an attachment to your program advisor for his or her signature.

Advisors: Please review this program of study, and if it meets your approval then click in the box marked "Signature of Program Advisor" to affix your digital signature to the document. YOU MUST USE ADOBE ACROBAT READER TO AFFIX YOUR DIGITAL SIGNATURE. YOU CAN DOWNLOAD THE LATEST VERSION FOR FREE BY CLICKING [HERE](#). If you have not already set up a digital signature file, the program will walk you through the process. When prompted to save the document, please make sure that the filename uses the student's name, and is in the format *last name_first name_POS*. Once you have signed the document, please email it to the Graduate Studies Office at gdean@esm.rochester.edu. Once the completed document is received, along with the appropriate signature, the Graduate Studies Office will submit the student's program of study to the Graduate Research Committee for final approval.

Signature of Program Advisor: _____

Date: _____