

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]