

# SIMPSON COLLEGE

## APPLICATION FOR MASTER OF MUSIC DEGREE

### Choral Conducting

**This application must be completed to be eligible for graduation.**

A copy of your "My Progress Plan" (degree audit) is required.  
Please attach it to the application and return everything to the Registrar's Office.

Please note/explain how you will complete the remaining requirements on the *Projected Schedule of Courses Yet to Complete* form.

I.D.# \_\_\_\_\_ Simpson Email: \_\_\_\_\_ Date: \_\_\_\_\_

**DIPLOMA NAME:** PRINT your name as it will appear on your diploma on the line below. (Please be legible.)

#### Pronunciation of Diploma Name for Commencement Ceremony:

Use this space to give the pronunciation of any of your names (first, middle, last) that you think might be mispronounced at the commencement ceremony, such as sounds like or rhymes with. For example: Wittry, sounds like Wit Tree or Haack, rhymes with snake, cake, and bake.

**All requirements for degree will be completed after end of term selected: (check one specific date)**

\_\_\_\_\_ SM 2026      \_\_\_\_\_ SM 2027

A final concert and commencement ceremony is held at the end of the summer term.

Commencement ceremony participation date: \_\_\_\_ Summer 2026    \_\_\_\_ Summer 2027

Are you a Veteran? \_\_\_\_ Yes    \_\_\_\_ No    If yes, do you wish to be recognized in the program as a Veteran? \_\_\_\_ Yes    \_\_\_\_ No

**To qualify for participation in a commencement ceremony, no more than two courses, a total of 8 credits, can be outstanding to complete the degree.**

**Graduation Application Fee:** This \$100 fee is assessed to students upon submission of the application for graduation. The fee will be charged to student accounts within two weeks of the submission. The fee is non-refundable.

PROJECTED SCHEDULE OF COURSES YET TO COMPLETE:

SM 20 \_\_\_\_\_

Dept	Course #	Title	Credits
		Total number of credits you will take for the semester:	

SM 20 \_\_\_\_\_

Dept	Course #	Title	Credits
		Total number of credits you will take for the semester:	

**NOTE: ATTACH A COPY OF YOUR "My Progress Plan" (DEGREE AUDIT) TO THIS APPLICATION BEFORE GIVING THE FORM TO THE DEPT CHAIR(S) TO SIGN.**

**Student Signature:** \_\_\_\_\_

**Date** \_\_\_\_\_

**Advisor Signature:** \_\_\_\_\_

**Date** \_\_\_\_\_

**Program Director Signature:** \_\_\_\_\_

**Date** \_\_\_\_\_

RETURN ALL FORMS TO: Registrar's Office, Hillman Hall, 701 North C Street, Indianola, IA 50125