

Student Name \_\_\_\_\_

ID# \_\_\_\_\_

## Planned Course of Studies while at the Recording Workshop

### Grades and Transcript supplied via Capital University

Enrolled	Capital Course Title	Capital #	Credits	ORU Course Title	ORU #	Credits
<input type="checkbox"/>	Recording Engineering & Music Production	MUS 293	9	Live Sound Reinforcement Studio Recording & Music Production I Studio Recording & Music Production II	MUS 211 MUS 410 MUS 411	2 3 3
<input type="checkbox"/>	Recording Studio Maintenance	MUS 294	1	Recording Studio Maintenance	MUS 311	1
<input type="checkbox"/>	Advanced Recording & Music Production	MUS 295	1	Advanced Recording & Music Production	MUS 413	1
<input type="checkbox"/>	NewTech Production	MUS 296	1	NewTech Production	MUS 414	1
<b>TOTAL CREDITS</b>						_____

**Notes:**

*If the Student intends to request a course substitution other than what is listed, please make note of that intent in the space below. The Student is responsible for completing the appropriate paperwork and getting that request approved. This note does not provide any guarantee that such substitutions will be accepted.*

Capital Course Title	Capital #	Credits	ORU Course Title (Requested Substitution)	ORU #	Credits