WESTERN NEW MEXICO UNIVERSITY
Degree Plan - Alternative Licensure - Special Education (0808)
School of Education - Silver City Campus

Student Name: ___________________________  ID# ___________________________
Mailing Address: ___________________________________________________________
(complete - incl street, city, state, zip) ________________________
Bachelor's Degree: _________________________________________________________
Email Address: _____________________________________________________________
University: ________________________________________________________________

Catalog Authority: _________________________________________________________
Select one option:  □ Option 1 - Licensure Only
□ Option 2 - Conversion to MA

Teaching Field: _____________________________________________________________
(30 credit hours approved by NM Dept. of Ed.)
Advisors: _________________________________________________________________

Current Teaching Position: _________________________________________________
Date Admitted to Graduate School: __________________________________________
School: ________________________________________________________________
Date Admitted to School of Educ: ___________________________________________

NMTA Basic Skills test passed  □ yes  NMTA Teacher Competency test passed  □ yes
NMTA Content Knowledge test passed  □ yes  Teaching Portfolio complete  □ yes

Professional Education Requirements (20)

<table>
<thead>
<tr>
<th>Course(Credits)</th>
<th>Sem/Year</th>
<th>Grade</th>
<th>Course(Credits)</th>
<th>Sem/Year</th>
<th>Grade</th>
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</thead>
<tbody>
<tr>
<td><strong>1. Foundation (6)</strong></td>
<td></td>
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<td><strong>2. Application &amp; Reinforcement - cont.</strong></td>
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<tr>
<td>SPED 508 Intro to Except Children</td>
<td>(3)</td>
<td></td>
<td>RDG 510 Teaching of Reading</td>
<td>(3)</td>
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<td>SPED 551 Behavior Mgmt Appl</td>
<td>(3)</td>
<td></td>
<td>RDG 511 Corrective Reading Instr</td>
<td>(3)</td>
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<td><strong>2. Application &amp; Reinforcement (12)</strong></td>
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<td><strong>3. Capstone (2)</strong></td>
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<td>SPED 528 Curr &amp; Methds Spec Ed</td>
<td>(3)</td>
<td></td>
<td>SPED 541 Practice Teaching-Sp Ed</td>
<td>(2)</td>
<td></td>
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<tr>
<td>SPED 552 Famil, School, Commun</td>
<td>(3)</td>
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Total Credit Hours: ___________________________  Exit Requirements Complete:  Date: __________
(minimum of 20 required)

Copy to Registrar on: Date: __________  Grad. Audit sent on: Date: __________

Student Signature: ___________________________  Date: __________
Advisor Signature: ___________________________  Date: __________
Dean, School of Education: ___________________________  Date: __________
Assoc VP Academic Affairs/
Dir of Graduate Division: ___________________________  Date: __________

Note: All graduate credit, including transfer credit, must have been earned within the seven years prior to issuance of the graduate degree.