WESTERN NEW MEXICO UNIVERSITY
Degree Plan - Master of Arts in Teaching - Secondary Education (0803)
School of Education - Gallup Program

Student Name: ____________________________ ID# ____________________________
Complete Mailing Address: ____________________________ Telephone: ____________________________
(incl street, city, state, zip)
Email Address: ____________________________ Advisor: ____________________________
Catalog Authority: ____________________________ Date Admitted to Graduate School: ____________________________
Teaching Field: ____________________________ Date Admitted to MAT Program: ____________________________
(24-36 credit hours approved by NM Dept. of Ed.)

<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>EDUC 500 Methods of Research (3)</td>
<td>_________</td>
<td>________</td>
<td>BLED 514 Multicultural Education (3)</td>
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<td>EDUC 506 Hist &amp; Phil of Education (3)</td>
<td>_________</td>
<td>________</td>
<td>SPED 508 Intro to Except Children (3)</td>
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<td>PSY 505 Psychology of Learning (3)</td>
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**Contextual Knowledge (15)**

**Professional Education Requirements (22)**

1. **Foundation (6)**
   - EDUC 507 Explor Fld Exp-Secndry (1-3)
   - EDUC 534 Integr Technl in Curric (3)

2. **Application & Reinforcement (9)**
   - EDUC 571 Secnd Curric & Instruct (3)
   - EDUC 574 Classroom Assessment (3)
   - RDG 560 Reading Skills Secnd Ed (3)

3. **Capstone (7)**
   - For NM State Licensure, students must qualify for a competency based teaching field (24-36 credits including a minimum of 12 upper division credits).
   - EDUC 536 Classroom Management (3)
   - EDUC 594 Practice Teaching-Secnd (4)

**Total Credit Hours:** ____________  **Exit Exam:** ____________  **Date:** ____________
(minimum of 37 required)

**Copy to Registrar on:** ____________  **Grad. Audit sent on:** ____________
**Date:** ____________  **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.

2003-04 thru 2008-09 Catalogs  revised 02/09