

WESTERN NEW MEXICO UNIVERSITY
Degree Plan - Master of Arts in Teaching - Secondary Education (0803)
Option 2 - Students with related undergraduate professional education preparation
School of Education

Student Name: _____ ID# _____
 Complete Mailing Address: _____ Telephone: _____
 (incl street, city, state, zip) _____
 Email Address: _____ SOE Advisor: _____
 Catalog Authority: _____ Teaching Field Advisor: _____
 Date Admitted to Graduate School: _____ Date Admitted to MAT Program: _____

Education Core Requirements (9)

| <u>Course(Credits)</u> | <u>Sem/Year</u> | <u>Grade</u> |
|---------------------------------------|-----------------|--------------|
| EDUC 500 Methods of Research (3) | _____ | _____ |
| EDUC 506 Hist & Phil of Education (3) | _____ | _____ |
| PSY 505 Psychology of Learning (3) | _____ | _____ |

Secondary Education Requirements (27)

20-21 credit hours from a Major Teaching Field
 6-7 credit hours from Advisor approved electives
 Major Teaching Field: _____

Major Teaching Field (20-21)

| <u>Course(Credits)</u> | <u>Sem/Year</u> | <u>Grade</u> | <u>Course(Credits)</u> | <u>Sem/Year</u> | <u>Grade</u> |
|-------------------------|-----------------|--------------|-------------------------|-----------------|--------------|
| Course: _____ () _____ | | | Course: _____ () _____ | | |
| Course: _____ () _____ | | | Course: _____ () _____ | | |
| Course: _____ () _____ | | | Course: _____ () _____ | | |
| Course: _____ () _____ | | | Course: _____ () _____ | | |

Guided Electives (6-7)

| | |
|-------------------------|-------------------------|
| Course: _____ () _____ | Course: _____ () _____ |
| Course: _____ () _____ | Course: _____ () _____ |

NMTA Basic Skills test passed yes
 Content Knowledge Area: _____
 NMTA Teacher Competency test passed yes
 NMTA Content Knowledge test passed yes

Total Credit Hours: _____ **Exit Exam:** _____ **Date:** _____
 (minimum of 36 required)

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

Student Signature: _____ **Date:** _____

SOE Advisor Signature: _____ **Date:** _____

Major TF 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.