

WESTERN NEW MEXICO UNIVERSITY
Degree Plan - Master of Arts in Teaching - Special Education (0808)
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: _____ Advisor: _____

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

Special Education Requirements (30)

<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>	<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>
SPED 508 Intro to Except Children (3)	_____	_____	SPED 556 Culturally Divrs Excp Ch (3)	_____	_____
SPED 528 Curr & Methds Spec Ed (3)	_____	_____	SPED 569 Nature & Needs Pers MR (3)	_____	_____
SPED 551 Behavior Mgmt Appl (3)	_____	_____	SPED 570 Nat & Needs Pers LD (3)	_____	_____
SPED 552 Famil, School, Commun (3)	_____	_____	SPED 576 Nat & Needs Pers E&BD (3)	_____	_____
SPED 554 Evaluatn & Assessment (3)	_____	_____	SPED 581 Practicum in Special Ed (3)	_____	_____

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 39 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.