

WESTERN NEW MEXICO UNIVERSITY
Degree Plan - Alternative Licensure - Special Education (0808)
School of Education - Gallup Program

Student Name: _____ ID# _____
Mailing Address: _____ Telephone: _____
(complete - incl street, city, state, zip) _____ Bachelor's Degree: _____
Email Address: _____ University: _____
Catalog Authority: _____

Teaching Field: _____ Advisor: _____
(30 credit hours approved by NM Dept. of Ed.)

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)

<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>	<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>
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1. Foundation (6)

SPED 508 Intro to Except Children (3) _____	SPED 551 Behavior Mgmt Appl (3) _____
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2. Application & Reinforcement (12)

RDG 510 Teaching of Reading (3) _____	Select one Nature & Needs course: SPED 569 Mental Retardation
RDG 511 Corrective Reading Instr (3) _____	or SPED 570 Lrng Disabilities or SPED 576 Emotnl/Behavrl Disorders
SPED 528 Curr & Methds Spec Ed (3) _____	Course: _____ (3) _____

3. Capstone (2)

SPED 541 Practice Teaching-Sp Ed (2) _____

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.