

WESTERN NEW MEXICO UNIVERSITY
Degree Plan - Master of Arts in Teaching - Elementary Education (0802)
Option 1 - Students without related undergraduate professional education preparator
College of Education

Student Name: _____	ID# _____
Complete Mailing Address: _____ (incl street, city, state, zip) _____	Telephone: _____
Email Address: _____	Advisor: _____
Catalog Authority: <u>2014-15</u>	Date Admitted to Graduate School: _____
Teaching Field: _____ (24-36 credit hours approved by NM Dept. of Ed.)	Date Admitted to MAT Program: _____

Core Knowledge (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)	_____	_____	EDUC 528 Student Growth & Development		
EDUC 506 Hist & Phil of Education (3)	_____	_____		(3) _____	_____

Professional Education Requirements (35)

<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>	<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>
<u>1. Foundation (10)</u>			<u>2. Application (14)</u>		
BLED 514 Multicultural Education (3)	_____	_____	EDUC 547 Field Experience Lab I (1)	_____	_____
EDUC 511 Foundtn of Education (1)	_____	_____	EDUC 572 Elem Methods/Curric I (3)	_____	_____
EDUC 534 Integr Technl in Curric (3)	_____	_____	EDUC 574 Classroom Assessment (3)	_____	_____
SPED 508 Intro to Except Children (3)	_____	_____	RDG 510 Teaching of Reading (3)	_____	_____
NES Basic Skills test passed <input type="checkbox"/> yes					
3. Reinforcement (9)			Content Knowledge Area: _____		
EDUC 536 Classroom Management (3)	_____	_____	NES Teacher Competency test passed <input type="checkbox"/> yes		
BLED 545 ESL Mthds/Content Lit (3)	_____	_____	NES Content Knowledge test passed <input type="checkbox"/> yes		
EDUC 573 Elem Methds/Curric II (3)	_____	_____	<u>4. Capstone (2)</u>		
EDUC 562 Field Experience Lab II (1)	_____	_____	EDUC 592 Practice Teaching-Elem ()	_____	_____
RDG 511 Corrective Reading Instr (3)	_____	_____			

Total Credit Hours: _____ **Exit Exam:** _____ **Date:** _____
 (minimum of 44 required)

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

Student Signature: _____ **Date:** _____

Advisor Signature: _____ **Date:** _____

Dean, College of Education: _____ **Date:** _____

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.