

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

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

Catalog Authority: 2016-17 Select one option:  **Option 1 - Licensure Only**  
Expected Completion: \_\_\_\_\_  **Option 2 - Conversion to MAT**

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: \_\_\_\_\_

NES Essential Academic Skills Score: \_\_\_\_\_ NES SPED Content Knowledge Score: \_\_\_\_\_  
NES Elem or Scnd Professional Knowledge Score: \_\_\_\_\_

**Professional Education Requirements (21)**

<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>	<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>
<b><u>1. Foundation (7)</u></b>			<b><u>2. Application &amp; Reinforcement (12)</u></b>		
EDUC 536 Classroom Management	(3) _____	_____	RDG 510 Teaching of Reading	(3) _____	_____
<u>or</u> SPED 551 Behavior Mgmt Appl	(3) _____	_____	RDG 511 Corrective Reading Instr	(3) _____	_____
EDUC 511 Foundtn of Education	(1) _____	_____	SPED 528 Curr & Methds Spec Ed	(3) _____	_____
SPED 508 Intro to Except Children	(3) _____	_____	EDUC 547 Field Experience Lab	(1) _____	_____
<b><u>3. Capstone (2)</u></b>			SPED 570 Nature & Needs Pers LD	(3) _____	_____
SPED 541 Practice Teaching-Sp Ed (1-6)	_____	_____			

**Total Credit Hours:** \_\_\_\_\_ **Exit Requirements Complete:** \_\_\_\_\_ Date: \_\_\_\_\_  
(minimum of 21 required)

**Copy to Registrar on:** Date: \_\_\_\_\_ **Grad. Audit sent on:** Date: \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

**Advisor Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

**Associate Dean, School of Education:** \_\_\_\_\_ Date: \_\_\_\_\_

**Dean, College of Professional Studies:** \_\_\_\_\_ Date: \_\_\_\_\_

**Dir of Graduate Division:** \_\_\_\_\_ Date: \_\_\_\_\_