

WESTERN NEW MEXICO UNIVERSITY
Degree Plan - Alternative Licensure - Secondary Education (0803)
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 Secondary Content Score: _____

NES Secd Professional Knowledge Score: _____

Professional Education Requirements (19)

<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 (4)</u>			<u>2. Application & Reinforcement - cont.</u>		
EDUC 511 Foundation of Education (1)	_____	_____	EDUC 547 Field Experience Lab (1)	_____	_____
EDUC 536 Classroom Management (3)	_____	_____	EDUC 574 Classroom Assessment (3)	_____	_____
<u>2. Application & Reinforcement (13)</u>			RDG 560 Reading Skills Secnd Ed (3)	_____	_____
EDUC 534 Integr Technl in Curric (3)	_____	_____	<u>3. Capstone (2)</u>		
EDUC 571 Secdry Curric & Instruct (3)	_____	_____	EDUC 594 Practice Teaching-Secnd(1-6)	_____	_____

Total Credit Hours: _____ **Exit Requirements Complete:** _____ Date: _____
 (minimum of 19 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: _____