

WESTERN NEW MEXICO UNIVERSITY
Degree Plan - Alternative Licensure - Elementary Education (0802)
School of Education

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

Catalog Authority: 2017-18 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 Reading Score: _____ NES Professional Knowledge: Elem Score: _____
Writing Score: _____ NES Content Knowledge: Elem. Part I Score: _____
Math Score: _____ Part II Score: _____

Professional Education Requirements (22)

<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 (6)</u>			<u>2. Application & Reinforcement - cont.</u>		
EDUC 536 Classroom Management	(3) _____	_____	RDG 510 Teaching of Reading <u>or</u> RDG 516 Reading: The Five Pillars		
EDUC 529 TK20 Orientation	(0) _____	_____	Course: _____ (3) _____		
EDUC 572 Elem Mthd/Curr I	(3) _____	_____	RDG 511 Corrective Reading Instruction <u>or</u> RDG 515 Remedial Reading		
<u>2. Application & Reinforcement (14)</u>			Course: _____ (3) _____		
EDUC 511 Foundation of Education	(1) _____	_____	<u>3. Capstone (2)</u>		
EDUC 574 Classroom Assessment	(3) _____	_____	EDUC 592 Practice Teaching-Elem (1-5)	_____	_____
EDUC 573 Elem Mth/Cur II	(3) _____	_____	EDUC 596 Practice Teaching Semin: (1)	_____	_____
EDUC 547 Field Experience Lab	(1) _____	_____			

To be licensed in New Mexico, you must pass the NES Essential Components of Reading Instruction -- Test 104 Score: _____

Total Credit Hours: _____
(minimum of 22 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: _____