

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: 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 Prof. Knowledge: Secondary** Score: _____
Writing Score: _____
Math Score: _____ **NES Content Knowledge** Score: _____

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>
<u>1. Foundation (6)</u>			<u>2. Application & Reinforcement - cont.</u>		
EDUC 529 TK20 Orientation	(0) _____	_____	EDUC 574 Classroom Assessment	(3) _____	_____
EDUC 536 Classroom Management	(3) _____	_____	RDG 560 Reading Skills Secnd Ed	(3) _____	_____
EDUC 571 Secdry Curric & Instruct	(3) _____	_____			
<u>2. Application & Reinforcement (11)</u>			<u>3. Capstone (2)</u>		
EDUC 511 Foundation of Education	(1) _____	_____	EDUC 594 Practice Teaching-Secnd(1-5)	_____	_____
BLED 545 ESL Methods/Content Li	(3) _____	_____	EDUC 596 Practice Teaching Semin	(1) _____	_____
EDUC 547 Field Experience Lab	(1) _____	_____			

Total Credit Hours: _____
(minimum of 18 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:** _____