

WESTERN NEW MEXICO UNIVERSITY
Degree Plan - Master of Arts in Teaching - Secondary Education (0803)
Option 1 - Students without related undergraduate professional education preparation
School of Education

Student Name: _____	ID# _____
Complete Mailing Address: _____ (incl street, city, state, zip)	Telephone: _____
Email Address: _____	Advisor: _____
Catalog Authority: <u>2017-18</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 (3)	_____	_____
or EDUC 503 Action Research (3)	_____	_____			
EDUC 506 Hist & Phil of Education (3)	_____	_____			

Professional Education Requirements (29)

1. Foundation (10)

BLED 514 Multicultural Education (3)	_____	_____
EDUC 511 Foundtn of Education (1)	_____	_____
EDUC 534 Integr Technl in Curric (3)	_____	_____
SPED 508 Intro to Except Children (3)	_____	_____

2. Application (4)

BLED 545 ESL Mthds/Content Lit (3)	_____	_____
EDUC 547 Field Experience Lab (1)	_____	_____
NES Essential Academic Skills Test	Reading: _____	Writing: _____
	Math: _____	Score: _____
NES Prof Knowledge: Secondary	Score: _____	
NES Content Knowledge	Score: _____	

3. Reinforcement (13)

EDUC 536 Classroom Management (3)	_____	_____
EDUC 547 Field Experience Lab (1)	_____	_____
EDUC 571 Secnd Curric & Instruct (3)	_____	_____
EDUC 574 Classroom Assessment (3)	_____	_____
RDG 560 Reading Skills Secnd Ed (3)	_____	_____

4. Capstone (2)

EDUC 594 Practice Teaching-Secnd (1-5)	_____	_____
EDUC 596 Practice Teaching Semin: (1)	_____	_____

Total Credit Hours: _____ **Exit Exam:** _____ **Date:** _____
 (minimum of 38 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:** _____

Note: All graduate credit, including transfer credit, must have been earned within the seven years prior to issuance of the graduate degree.