

# WESTERN NEW MEXICO UNIVERSITY

## Degree Plan - Master of Arts in Teaching Specialization - Secondary Education Concentration 1 (0803) School of Education

Student Name: _____	ID# _____
Complete Mailing Address: (incl street, city, state, zip) _____	Telephone: _____
Email Address: _____	SOE Advisor: _____
Catalog Authority: <u>2018-19</u>	Date Admitted to MAT: _____
Date Admitted to Graduate School: _____	

### Education Core Requirements (9)

<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>
EDUC 503 Action Research Design	(3) _____	_____
EDUC 506 Hist & Phil of Education	(3) _____	_____
EDUC 531 Multicultural/Social Justice Praxis in the Classroom: (3)	_____	_____

### Field of Study (27)

#### **Concentration:**

<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>	<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>
Course: _____ ( ) _____			Course: _____ ( ) _____		
Course: _____ ( ) _____			Course: _____ ( ) _____		
Course: _____ ( ) _____			Course: _____ ( ) _____		
Course: _____ ( ) _____			Course: _____ ( ) _____		
Course: _____ ( ) _____			Course: _____ ( ) _____		
Course: _____ ( ) _____			Course: _____ ( ) _____		

**Total Credit Hours:** \_\_\_\_\_ **Exit Exam:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(minimum of 36 required)

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

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

**SOE 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.