

WESTERN NEW MEXICO UNIVERSITY
Degree Plan - Alternative Licensure - Special Education (0808)
School of Education

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

Catalog Authority: 2019-20 Select one option: **Option 1 - Licensure Only**
 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/Scnd Score: _____
 Writing Score: _____
 Math Score: _____ NES SPED Content Knowledge Score: _____

Professional Education Requirements (21)

<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 (13)</u>		
EDUC 536 Classroom Management (3)	_____	_____	RDG 510 Teaching of Reading (3)	_____	_____
or SPED 551 Behavior Mgmt Appl (3)	_____	_____	RDG 511 Corrective Reading Instruc (3)	_____	_____
SPED 508 Intro to Except Children (3)	_____	_____	SPED 528 Curr & Methds Spec Ed (3)	_____	_____
EDUC 529 TK20 Orientation (0)	_____	_____	EDUC 547 Field Experience Lab (1)	_____	_____
			SPED 570 Nature & Needs Pers LD (3)	_____	_____
<u>3. Capstone (2)</u>					
SPED 541 Practice Teaching-Sp Ed (1-5)	_____	_____			
SPED 596 Practice Teaching Semina (1)	_____	_____			

Total Credit Hours: _____
 (minimum of 21 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: _____