

WESTERN NEW MEXICO UNIVERSITY
Degree Plan - Master of Arts in Teaching Initial Licensure - Elementary (0802)
School of Education

Student Name: _____ ID# _____
 Complete Mailing Address: _____ Telephone: _____
 (incl street, city, state, zip) _____
 Email Address: _____ Advisor: _____
 Catalog Authority: 2019-2020 Date Admitted to Graduate School: _____
 Teaching Field: _____ Date Admitted to MAT Program: _____
 (24-36 credit hours approved by NM Dept. of Ed.)

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		
EDUC 511 Foundations of Education	(3)	_____		(3)	_____
EDUC 529: TK20 Orientation	(0)	_____			

Professional Education Requirements (34)

<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 (9)</u>			<u>2. Application (10)</u>		
BLED 514 Multicultural Education	(3)	_____	EDUC 547 Field Experience Lab	(1)	_____
EDUC 534 Integr Technl in Curric	(3)	_____	EDUC 572 Elem Methods/Curric I	(3)	_____
SPED 508 Intro to Except Children	(3)	_____	EDUC 574 Classroom Assessment	(3)	_____
			RDG 510 Teaching of Reading	(3)	_____

NES Essential Academic Skills Reading Score: _____
 Writing Score: _____
 Math Score: _____

NES Professional Knowledge: Elementary Score: _____
 NES Elementary Content Knowledge Part I Score: _____
 Part II Score: _____

3. Reinforcement (13)

BLED 545 ESL Mthds/Content Lit	(3)	_____
EDUC 547 Field Experience Lab	(1)	_____
EDUC 536 Classroom Management	(3)	_____
EDUC 573 Elem Methods/Curric II	(3)	_____
RDG 511 Corrective Reading Instr	(3)	_____

4. Capstone (2)

EDUC 592 Practice Teaching-Elem (1-5)	_____
EDUC 596 Practice Teaching Semin (1)	_____

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

Total Credit Hours: _____ **Exit Exam:** _____ **Date:** _____
 (minimum of 43 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:** _____