

WESTERN NEW MEXICO UNIVERSITY
Degree Plan - Master of Arts in Teaching Specialization Concentration 1 (0801)
School of Education

Student Name: _____	ID# _____
Complete Mailing Address: _____ (incl street, city, state, zip)	Telephone: _____
Email Address: _____	Expected Completion: _____
Catalog Authority: 2019-20	SOE Advisor: _____
Date Admitted to Graduate School: _____	Date Admitted to MAT _____

Education Core Requirements (9)

<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>
EDUC 503 Action Research	(3) _____	_____
<u>OR</u> ECED 531 Research Child, Grwth,Devlpmnt (required for EC students)	(3) _____	_____
EDUC 506 Current Issues/Perspective (3)	_____	_____
EDUC 531 Multicultural/Soc Justice Praxis in the Classrm	(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.