

**WESTERN NEW MEXICO UNIVERSITY**  
**Degree Plan - Master of Arts in Teaching Specialization Concentration 2 (0801)**  
**School of Education**

Student Name: _____	ID# _____
Complete Mailing Address: _____ (incl street, city, state, zip)	Telephone: _____
Email Address: _____	Expected Completion: _____
Catalog Authority: _____	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 Resrch	(3) _____	_____
<b><u>OR</u> ECED 531 Research in Child, Growth, Devlpmnt (required for EC students)</b>	(3) _____	_____
EDUC 506 Current Issues/Perspectives	(3) _____	_____
EDUC 531 Multicultural/Social Justice Praxis in the Classroom	(3) _____	_____

**Education Requirements (27)**

Field of Study A -18 credit hours \_\_\_\_\_

Field of Study B - 9 credit hours \_\_\_\_\_

**Field of Study A (18 credits)**

<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: _____ ( ) _____		

**Field of Study B (9 credits)**

Course: _____ ( ) _____	Course: _____ ( ) _____
Course: _____ ( ) _____	Course: _____ ( ) _____
Course: _____ ( ) _____	Course: _____ ( ) _____

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

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

**SOE Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Assoc Dean, School of Education:** \_\_\_\_\_ **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.