

WESTERN NEW MEXICO UNIVERSITY
Degree Plan - Master of Arts in Teaching Specialization - Special Education (0808)
School of Education

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

Education Core Requirements (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 or EDUC 503 Action Research			EDUC 506 Hist & Phil of Education	(3)	
Course: _____	(3)	_____	EDUC 528 Student Grwth/Devlpmnt	(3)	_____
EDUC 529 TK20 Orientation	(0)	_____			

Special Education Requirements (27)

<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>	<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>
EDUC 547 Field Experience Lab	(1)	_____	SPED 555 Fam/Schl/Cm/Cltr/Excp Ch	(3)	_____
SPED 508 Intro to Except Children	(3)	_____	SPED 569 Nature & Needs Pers ID	(3)	_____
SPED 528 Curr & Methds Spec Ed	(3)	_____	SPED 570 Nat & Needs Pers LD	(3)	_____
SPED 551 Behavior Mgmt Appl	(3)	_____	SPED 576 Nat & Needs Pers E&BD	(3)	_____
or EDUC 536 Classroom Mangement		_____	SPED 541 Practice Teaching	(1-5)	_____
SPED 554 Evaluation & Assessment	(3)	_____	SPED 596 Practice Teaching Seminar	(1)	_____
NES Essential Academic Skills		Reading Score: _____	NES Prof Knowledge: Elem or Secd		Score: _____
		Writing Score: _____	NES SPED Content Knowledge		Score: _____
		Math Score: _____			

Total Credit Hours: _____	Exit Exam: _____	Date: _____
(minimum of 36 required)		
Student Signature: _____		Date: _____
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.