

WESTERN NEW MEXICO UNIVERSITY
Degree Plan - Alternative Licensure - Early Childhood Education (0821)
School of Education

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

Catalog Authority: <u>2020-21</u>	Select one option: <input type="checkbox"/> Option 1 - Licensure Only
Expected Completion: _____	<input type="checkbox"/> Option 2 - Conversion to MA

Teaching Field: _____ (30 credit hours approved by NM Dept. of Ed.)	Advisor: _____
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Current Teaching Position: _____	Date Admitted to Graduate School: _____
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School: _____	Date Admitted to School of Educ: _____
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PRAXIS: Core Academic Skills for Educators Score
 Reading Test (5713): Passing Score 156 _____
 Writing Test (5723): Passing Score 162 _____
 Math Test (5733): Passing Score 150 _____

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 (8)</u>			<u>2. Application & Reinforcement - cont.</u>		
EDUC 529 TK20	(0) _____	_____	ECED 571 Teaching of Reading/Wrtg	(3) _____	_____
ECED 532 Adv Child Devl/Grwth/Learn	(4) _____	_____	ECED 579 Teaching/Learning Practicu	(2) _____	_____
ECED 536 Adv Early Childhd Curr	(4) _____	_____	PRAXIS: Education of Young Children Test (5024)		
			Passing Score 160	Score	_____
<u>2. Application & Reinforcement (11)</u>			<u>3. Capstone (2)</u>		
ECED 515 Emergent Literacy	(3) _____	_____	ECED 591 Prac Teaching-Erly Child	(1-5) _____	_____
ECED 541 Family Language & Culture	(3) _____	_____	ECED 596 Practice Teaching Seminar	(1) _____	_____

Total Credit Hours (21 required): _____

Copy to Registrar on: Date: _____	Grad. Audit sent on: Date: _____
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Student Signature: _____	Date: _____
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Advisor Signature: _____	Date: _____
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Associate Dean, School of Education: _____	Date: _____
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Dean, College of Professional Studies: _____	Date: _____
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Dir of Graduate Division: _____	Date: _____
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