

WESTERN NEW MEXICO UNIVERSITY
Degree Plan - Master of Arts in Teaching - Special Education (0808)
Option 2 - Students with related undergraduate professional education preparation
School of Education

Student Name: _____	ID# _____
Complete Mailing Address: _____ (incl street, city, state, zip)	Telephone: _____
Email Address: _____	Advisor: _____
Catalog Authority: <u>2015-16</u>	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			EDUC 528 Student Growth & Development		
or EDUC 503 Action Research	(3) _____	_____		(3) _____	_____
EDUC 506 Hist & Phil of Education	(3) _____	_____			

Special Education Requirements (28)

<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>	<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>
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) _____	_____
EDUC 547 Field Experience Lab	(1) _____	_____	SPED 576 Nat & Needs Pers E&BD	(3) _____	_____
SPED 551 Behavior Mgmt Appl	(3) _____	_____	SPED 541 Practice Teaching		
SPED 554 Evaluation & Assessment	(3) _____	_____	or SPED 581 Practicum in Special Ed	(3) _____	_____
SPED 555 Fam/Schl/Cm/Cltr/Excp Cl	(3) _____	_____			

NES Essential Academic Skills	Score: _____	NES Elem or Secd Teacher Competency Score: _____
NES SPED Content Knowledge	Score: _____	

Total Credit Hours: _____	Exit Exam: _____	Date: _____
(minimum of 36 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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Dir of Graduate Division: _____	Date: _____
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Note: All graduate credit, including transfer credit, must have been earned within the seven years prior to issuance of the graduate degree.