### Education Core Requirements (9)

<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
<th>Sem/Year</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDUC 500 Methods of Research</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EDUC 506 Hist &amp; Phil of Education</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EDUC 528 Student Growth/Develp</td>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Elementary Education Requirements (27)

15 credit hours from a Major Teaching Field

12 credit hours from a second Teaching Field or related area.

### Major Teaching Field (15)

<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
<th>Sem/Year</th>
<th>Grade</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
<th>Sem/Year</th>
<th>Grade</th>
</tr>
</thead>
</table>

### Second Teaching Field or related area (12)

<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
<th>Sem/Year</th>
<th>Grade</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
<th>Sem/Year</th>
<th>Grade</th>
</tr>
</thead>
</table>

### NMTA Basic Skills test passed  
- **☐ yes**

### NMTA Teacher Competency test passed  
- **☐ yes**

### NMTA Content Knowledge test passed  
- **☐ yes**

### Total Credit Hours: ________________  
(minimum of 36 required)

### Exit Exam: ________________  
Date: ________________

### Copy to Registrar on:  
Date: ________________  
Grad. Audit sent on:  
Date: ________________

### Student Signature:  
Date: ________________

### COE Advisor Signature:  
Date: ________________

### Major TF Advisor Signature:  
Date: ________________

### Dean, College 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.

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WESTERN NEW MEXICO UNIVERSITY
Degree Plan - Master of Arts in Teaching - Elementary Education (0802)
Option 2 - Students with related undergraduate professional education preparation
College of Education

Student Name: ___________________________  ID#

Complete Mailing Address: ___________________________  Telephone: ___________________________

Email Address: ___________________________  COE Advisor: ___________________________

Catalog Authority: ___________________________  Teaching Field Advisor: ___________________________

Date Admitted to Graduate School: ___________________________  Date Admitted to MAT Program: ___________________________

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**WESTERN NEW MEXICO UNIVERSITY**
**College of Education**
**Option 2 - Students with related undergraduate professional education preparation**

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