Student Name: ___________________________ ID# ___________________________
Mailing Address: ______________________________________________ Telephone: ___________________________
(complete - incl street, city, state, zip) ___________________________________________ Bachelor's Degree: ___________________________
Email Address: ___________________________________________ University: ___________________________
Catalog Authority: 2011-12 Select one option: ☐ Option 1 - Licensure Only
________________________________________________________________________
☐ Option 2 - Conversion to MAT
Teaching Field: ___________________________________________ Advisor: ___________________________
(30 credit hours approved by NM Dept. of Ed.) Date Admitted to Graduate School: ___________________________
Current Teaching Position: ___________________________ Date Admitted to School of Educ: ___________________________
School: ___________________________ NMTA Basic Skills test passed ☐ yes NMTA Teacher Competency test passed ☐ yes
NMTA Content Knowledge test passed ☐ yes Teaching Portfolio complete ☐ yes
Professional Education Requirements (21)

<table>
<thead>
<tr>
<th>Course(Credits)</th>
<th>1. Foundation (7)</th>
<th>2. Application &amp; Reinforcement (12)</th>
<th>3. Capstone (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDUC 536 Classroom Management (3)</td>
<td>3</td>
<td>RDG 510 Teaching of Reading (3)</td>
<td>SPED 508 Intro to Except Children (3)</td>
</tr>
<tr>
<td>EDUC 564 TEP Field Experience (1)</td>
<td>1</td>
<td>RDG 511 Corrective Reading Instr (3)</td>
<td>SPED 528 Curr &amp; Methds Spec Ed (3)</td>
</tr>
<tr>
<td>SPED 508 Intro to Except Children (3)</td>
<td>3</td>
<td>SPED 570 Nature &amp; Needs Pers LD (3)</td>
<td>SPED 541 Practice Teaching-Sp Ed ( )</td>
</tr>
</tbody>
</table>

Total Credit Hours: 30 (minimum of 21 required) Exit Requirements Complete: Date: _________________
Copy to Registrar on: Date: _________________ Grad. Audit sent on: Date: _________________
Student Signature: ___________________________ Date: _________________
Advisor Signature: ___________________________ Date: _________________
Dean, School of Education: ___________________________ Date: _________________
Assoc VP Academic Affairs/ 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.

WESTERN NEW MEXICO UNIVERSITY
Degree Plan - Alternative Licensure - Special Education (0808)
School of Education - Silver City Campus

2011-12 Catalog revised 05/11