WESTERN NEW MEXICO UNIVERSITY
Degree Plan - Alternative Licensure - Secondary Education (0803)
School of Education

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 (18)

<table>
<thead>
<tr>
<th>Course(Credits)</th>
<th>Sem/Year</th>
<th>Grade</th>
<th>Course(Credits)</th>
<th>Sem/Year</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Foundation (4)</td>
<td></td>
<td></td>
<td>2. Application &amp; Reinforcement (12)</td>
<td></td>
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<tr>
<td>EDUC 507 Explor Fld Exp-Secdry (Gallup)</td>
<td></td>
<td></td>
<td>EDUC 534 Integr Technl in Curric</td>
<td>(3)</td>
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<tr>
<td>or EDUC 564 TEP Fld Exp (Silver)</td>
<td>(1)</td>
<td></td>
<td>EDUC 571 Secdry Curric &amp; Instructn</td>
<td>(3)</td>
<td></td>
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<td>EDUC 536 Classroom Management</td>
<td>(3)</td>
<td></td>
<td>EDUC 574 Classroom Assessment</td>
<td>(2) (3)</td>
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<td>3. Capstone (2)</td>
<td></td>
<td></td>
<td>RDG 560 Reading Skills Secnd Ed</td>
<td>(3)</td>
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<tr>
<td>EDUC 594 Practice Teaching-Secnd</td>
<td>(2)</td>
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</tbody>
</table>

Total Credit Hours: ___________________________ Exit Requirements Complete: ___________________________
(minimum of 18 required) 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.