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

Student Name: ___________________________  ID# ___________________________
Mailing Address: ______________________________  Telephone: ___________________________
(complete - incl street, city, state, zip)  Bachelor's Degree: ___________________________
Email Address: ______________________________  University: ___________________________
Catalog Authority: 2014-15  
Expected Completion: ___________________________
Select one option:  
     Option 1 - Licensure Only  
     Option 2 - Conversion to MAT
Teaching Field: ___________________________
(30 credit hours approved by NM Dept. of Ed.)  Advisor: ___________________________
Current Teaching Position: ___________________________
Date Admitted to Graduate School: ___________________________
School: ___________________________
Date Admitted to School of Educ: ___________________________
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>Sem/Year</th>
<th>Grade</th>
<th>Course(Credits)</th>
<th>Sem/Year</th>
<th>Grade</th>
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<tbody>
<tr>
<td>1. Foundation (7)</td>
<td></td>
<td></td>
<td>2. Application &amp; Reinforcement (12)</td>
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<td>EDUC 536 Classroom Management (3)</td>
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<td>RDG 510 Teaching of Reading (3)</td>
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<tr>
<td>EDUC 511 Foundtn of Education (1)</td>
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<td>RDG 511 Corrective Reading Instr (3)</td>
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<td>SPED 508 Intro to Except Children (3)</td>
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<td>SPED 528 Curr &amp; Methds Spec Ed (3)</td>
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<td>3. Capstone (2)</td>
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<td>SPED 541 Practice Teaching-Sp Ed ( )</td>
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Total Credit Hours: ___________________________  Exit Requirements Complete: Date: ___________________________
(minimum of 21 required)

Copy to Registrar on: Date: ___________________________  Grad. Audit sent on: Date: ___________________________
Student Signature: ___________________________  Date: ___________________________
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.