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

Student Name: __________________________ ID# __________________________
Mailing Address: __________________________ Telephone: __________________________
(complete - incl street, city, state, zip) Bachelor's Degree: __________________________
Email Address: __________________________ University: __________________________

Catalog Authority: 2014-15 Select one option: ☐ Option 1 - Licensure Only
Expected Completion: ☐ 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 (18-20)

<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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</thead>
<tbody>
<tr>
<td>1. Foundation (4-6)</td>
<td></td>
<td></td>
<td>2. Application &amp; Reinforcement (12)</td>
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<tr>
<td>EDUC 511 Foundation of Education (1)</td>
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<td>EDUC 534 Integr Technl in Curric (3)</td>
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<td>Course: _________________ ( ) _________</td>
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<td>EDUC 571 Secdry Curric &amp; Instructns (3)</td>
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<td>EDUC 534 Integr Technl in Curric (3)</td>
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<td>EDUC 574 Classroom Assessment (2)</td>
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<td>EDUC 536 Classroom Management (3)</td>
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<td>RDG 560 Reading Skills Secnd Ed (3)</td>
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<td>3. Capstone (2)</td>
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<td>EDUC 594 Practice Teaching-Secnd (2)</td>
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Total Credit Hours: __________________________ Exit Requirements Complete: Date: __________________________
(minimum of 18 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.