WESTERN NEW MEXICO UNIVERSITY
Degree Plan - Alternative Licensure - Elementary Education (0802)
College of Education

Student Name: ___________________________ ID# ___________________________

Mailing Address: ___________________________
(complete - incl street, city, state, zip)

Email Address: ___________________________

Catalog Authority: 2013-14

Select one option: ☐ Option 1 - Licensure Only
☐ Option 2 - Conversion to MAT

Teaching Field: ___________________________
(30 credit hours approved by NM Dept. of Ed.)

Current Teaching Position: ___________________________

School: ___________________________

Date Admitted to Graduate School: ___________________________

Date Admitted to School of Educ: ___________________________

NMTA Basic Skills test passed ☐ yes
NMTA Content Knowledge test passed ☐ yes
NMTA Teacher Competency test passed ☐ yes
Teaching Portfolio complete ☐ yes

Professional Education Requirements (21-23)

<table>
<thead>
<tr>
<th>Course (Credits)</th>
<th>Sem/Year</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Foundation (4-6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gallup - EDUC 505 Explor Fld Exp-Elem (1-3)</td>
<td>EDUC 534 Integr Technl in Curric (3)</td>
<td></td>
</tr>
<tr>
<td>or Silver - EDUC 511 Foundation of Education (1)</td>
<td>EDUC 570 Elem Curric &amp; Instructn (6)</td>
<td></td>
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<tr>
<td>Course: ___________________________ ( )</td>
<td>or EDUC 572 Elem Mthd/Curr l (3)</td>
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<tr>
<td>EDUC 536 Classroom Management (3)</td>
<td>and EDUC 573 Elem Mth/Cur l (3)</td>
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<tr>
<td>RDG 510 Teaching of Reading (3)</td>
<td>RDG 511 Corrective Reading Instr (3)</td>
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</tbody>
</table>

3. Capstone (2)

<table>
<thead>
<tr>
<th>Course (Credits)</th>
<th>Sem/Year</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDUC 592 Practice Teaching-Elem ( )</td>
<td></td>
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</tbody>
</table>

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.