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: 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.)
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>
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<tbody>
<tr>
<td>1. Foundation (7)</td>
<td></td>
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<td>2. Application &amp; Reinforcement (12)</td>
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<tr>
<td>EDUC 536 Classroom Management</td>
<td>(3)</td>
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<td>RDG 510 Teaching of Reading</td>
<td>(3)</td>
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<td>EDUC 511 Foundtn of Education</td>
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<td>RDG 511 Corrective Reading Instr</td>
<td>(3)</td>
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<td>SPED 508 Intro to Except Children</td>
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<td>SPED 528 Curr &amp; Methds Spec Ed</td>
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<td>SPED 541 Practice Teaching-Sp Ed</td>
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<td>3. Capstone (2)</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.

2013-14 Catalog  revised 06/13