WESTERN NEW MEXICO UNIVERSITY
Degree Plan - Alternative Licensure - Special Education (0808)
College of Education - Gallup Program

Student Name: ___________________________ ID# ___________________________
Mailing Address: ___________________________ Telephone: ___________________________
(complete - incl street, city, state, zip) __________________________________________
Email Address: ___________________________ University: ___________________________
Catalog Authority: __________________________________________
Teaching Field: ___________________________ Advisor: ___________________________
(30 credit hours approved by NM Dept. of Ed.) ___________________________
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

<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>SPED 508 Intro to Except Children</td>
<td>(3)</td>
<td>_________</td>
<td>SPED 551 Behavior Mgmt Appl</td>
<td>(3)</td>
<td>_________</td>
</tr>
</tbody>
</table>

1. Foundation (6)

2. Application & Reinforcement (12)
RDG 510 Teaching of Reading | (3) | _________ | Select one Nature & Needs course: SPED 569 Intellectual Disabilities
RDG 511 Corrective Reading Instr | (3) | _________ | or SPED 570 Lrng Disabilities or SPED 576 Emotnal/Behavrl Disorders
SPED 528 Curr & Methds Spec Ed | (3) | _________ | Course: ___________________________ (3) | _________ |

3. Capstone (2)
SPED 541 Practice Teaching-Sp Ed | (5) | _________ |

Total Credit Hours: ___________________________ Exit Requirements Complete: Date: ___________________________
(minimum of 20 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.