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

Student Name:	ID#	ID#       Telephone:       Bachelor's Degree:       University:	
Mailing Address:	Telephone:		
(complete - incl street, city, state, zip)	Bachelor's D		
Email Address:	University:		
Catalog Authority: 2014-15 Expected Completion:		<ul> <li>Option 1 - Licensure Only</li> <li>Option 2 - Conversion to MAT</li> </ul>	
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	s NMTA Teacher Competenc	y test passed 🛛 yes	
NMTA Content Knowledge test passed	s Teaching Portfolio complete	yes yes	
Professional E	ucation Requirements (21)		
<u>Course(Credits)</u> <u>Sem/Year</u> <u>Gr</u>		Sem/Year Grade	
<b><u>1. Foundation (7)</u></b>	2. Application & Reinforce	ement (12)	
EDUC 536 Classroom Management (3)	RDG 510 Teaching of Reading	(3)	
EDUC 511 Foundtn of Education (1)	RDG 511 Corrective Reading I	nstr (3)	
SPED 508 Intro to Except Children (3)	SPED 528 Curr & Methds Spec	c Ed (3)	
	SPED 570 Nature & Needs Per	s LD (3)	
	<u>3. Capstone (2)</u>		
	SPED 541 Practice Teaching-S	p Ed ( )	
Total Credit Hours:       Exit         (minimum of 21 required)       Exit	<b>Requirements Complete:</b>	Date:	
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.