

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

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

Catalog Authority: 2018-19

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.)

Current Teaching Position: _____

Date Admitted to Graduate School: _____

School: _____

Date Admitted to School of Educ: _____

NES Essential Academic Skills

Reading Score: _____

Writing Score: _____

Math Score: _____

NES Prof. Knowledge: Secondary Score: _____

NES Content Knowledge Score: _____

Professional Education Requirements (18)

<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>
<u>1. Foundation (6)</u>		
EDUC 529 TK20 Orientation	(0)	_____
EDUC 536 Classroom Management	(3)	_____
EDUC 571 Secdry Curric & Instruct	(3)	_____

<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>
<u>2. Application & Reinforcement - cont.</u>		
EDUC 574 Classroom Assessment	(3)	_____
RDG 560 Reading Skills Secnd Ed	(3)	_____

<u>2. Application & Reinforcement (10)</u>		
BLED 545 ESL Methods/Content Li	(3)	_____
EDUC 547 Field Experience Lab	(1)	_____

<u>3. Capstone (2)</u>		
EDUC 594 Practice Teaching-Secnd	(1-5)	_____
EDUC 596 Practice Teaching Semin	(1)	_____

Total Credit Hours: _____
 (minimum of 18 required)

Copy to Registrar on: Date: _____

Grad. Audit sent on: Date: _____

Student Signature: _____

Date: _____

Advisor Signature: _____

Date: _____

Associate Dean, School of Education: _____

Date: _____

Dean, College of Professional Studies: _____

Date: _____

Dir of Graduate Division: _____

Date: _____