

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

Student Name: _____	ID# _____
Mailing Address: _____	Telephone: _____
(complete - incl street, city, state, zip) _____	Bachelor's Degree: _____
Email Address: _____	University: _____
Catalog Authority: <u>2019-20</u>	Select one option: <input type="checkbox"/> Option 1 - Licensure Only
Expected Completion: _____	<input type="checkbox"/> 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: _____
NES Essential Academic Skills	Reading Score: _____
	Writing Score: _____
	Math Score: _____
NES Professional Knowledge: Elem	Score: _____
NES Content Knowledge: Elem.	Part I Score: _____
	Part II Score: _____

Professional Education Requirements (21)

<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>	<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>
<u>1. Foundation (6)</u>			<u>2. Application & Reinforcement - cont.</u>		
EDUC 536 Classroom Management (3)	_____	_____	EDUC 547 Field Experience Lab (1)	_____	_____
EDUC 529 TK20 Orientation (0)	_____	_____	RDG 510 Teaching of Reading (3)	_____	_____
EDUC 572 Elem Mthd/Curr I (3)	_____	_____	RDG 511 Corrective Reading Instruct (3)	_____	_____
<u>2. Application & Reinforcement (13)</u>			<u>3. Capstone (2)</u>		
EDUC 574 Classroom Assessment (3)	_____	_____	EDUC 592 Practice Teaching-Elem (1-5)	_____	_____
EDUC 573 Elem Mth/Cur II (3)	_____	_____	EDUC 596 Practice Teaching Semin: (1)	_____	_____

To be licensed in New Mexico, you must pass the NES Essential Components of Reading Instruction -- Test 104 **Score:** _____

Total Credit Hours: _____
 (minimum of 21 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: _____