

**WESTERN NEW MEXICO UNIVERSITY**  
**Degree Plan - Alternative Licensure - Special Education (0808)**  
**School of Education**

Student Name: _____	ID# _____
Mailing Address: _____	Telephone: _____
(complete - incl street, city, state, zip) _____	Bachelor's Degree: _____
Email Address: _____	University: _____
Catalog Authority: <u>2020-21</u>	Select one option: <input type="checkbox"/> <b>Option 1 - Licensure Only</b>
	<input type="checkbox"/> <b>Option 2 - Conversion to MAT</b>
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: _____
PRAXIS: Core Academic Skills Reading Score: _____	PRAXIS: Principles of Learning & Teaching Score: _____
Writing Score: _____	
Math Score: _____	PRAXIS: Special Education: Core Knowledge 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>
<b><u>1. Foundation (6)</u></b>			<b><u>2. Application &amp; Reinforcement (13)</u></b>		
EDUC 529 TK20 Orientation (0)	_____	_____	EDUC 547 Field Experience Lab (1)	_____	_____
EDUC 536 Classroom Management (3)	_____	_____	RDG 510 Teaching of Reading (3)	_____	_____
<b>or</b> SPED 551 Behavior Mgmt Appl (3)	_____	_____	RDG 511 Corrective Reading Instruc (3)	_____	_____
SPED 508 Practical Applications of (3)	_____	_____	SPED 528 Curr & Methds Spec Ed (3)	_____	_____
			SPED 570 Nature & Needs Pers LD (3)	_____	_____
<b><u>3. Capstone (2)</u></b>					
SPED 541 Practice Teaching-Sp Ed (1-5)	_____	_____			
SPED 596 Practice Teaching Semina (1)	_____	_____			

**Total Credit Hours - 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:** \_\_\_\_\_