

WESTERN NEW MEXICO UNIVERSITY
Degree Plan - Alternative Licensure - Secondary Education (0803)
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"/> Option 1 - Licensure Only
Expected Completion: _____	<input type="checkbox"/> 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: _____

PRAXI:S Core Academic Skills Reading Score: _____ Writing Score: _____ Math Score: _____	PRAXIS: Principles of Learning Score: _____ PRAXIS: Secondary Content Appropriate Score: _____
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Professional Education Requirements (18)

<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 529 TK20 Orientation (0)	_____	_____	EDUC 574 Classroom Assessment (3)	_____	_____
EDUC 536 Classroom Management (3)	_____	_____	RDG 560 Reading Skills Secnd Ed (3)	_____	_____
EDUC 571 Seedry Curric & Instructr (3)	_____	_____			
<u>2. Application & Reinforcement (10)</u>			<u>3. Capstone (2)</u>		
BLED 545 ESL Methods/Content Lit (3)	_____	_____	EDUC 594 Practice Teaching-Secnd(1-5)	_____	_____
EDUC 547 Field Experience Lab (1)	_____	_____	EDUC 596 Practice Teaching Semin; (1)	_____	_____

Total Credit Hours - 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: _____