Student Name: ___________________________  ID# ___________________________

Mailing Address: ___________________________. Telephone: ___________________________
(complete - incl street, city, state, zip) ___________________________. Bachelor's Degree: ___________________________

Email Address: ___________________________. University: ___________________________

Catalog Authority: 2015-16  Select one option:  □ Option 1 - Licensure Only
□ Option 2 - Conversion to MAT

Teaching Field: ___________________________. Advisor: ___________________________
(30 credit hours approved by NM Dept. of Ed.) ___________________________. Date Admitted to Graduate School: ___________________________

Current Teaching Position: ___________________________. Date Admitted to School of Educ: ___________________________

School: ___________________________. ___________________________.

NES Essential Academic Skills Score: ___________________________. NES SPED Content Score: ___________________________

NES Teacher Competency Score: ___________________________

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**Professional Education Requirements (21)**

<table>
<thead>
<tr>
<th>Course (Credits)</th>
<th>Sem/Year</th>
<th>Grade</th>
<th>Course (Credits)</th>
<th>Sem/Year</th>
<th>Grade</th>
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<tr>
<td><strong>1. Foundation (7)</strong></td>
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<td><strong>2. Application &amp; Reinforcement (12)</strong></td>
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<tr>
<td>EDUC 536 Classroom Management</td>
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<td></td>
<td>RDG 510 Teaching of Reading</td>
<td>(3)</td>
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<tr>
<td>EDUC 511 Foundtn of Education</td>
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<td></td>
<td>RDG 511 Corrective Reading Instr</td>
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<td>SPED 508 Intro to Except Children</td>
<td>(3)</td>
<td></td>
<td>SPED 528 Curr &amp; Methds Spec Ed</td>
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<td>SPED 570 Nature &amp; Needs Pers LD</td>
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<td><strong>3. Capstone (2)</strong></td>
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<td>EDUC 547 Lab</td>
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<td>SPED 541 Practice Teaching-Sp Ed</td>
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<td>EDUC 547 Lab</td>
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Total Credit Hours: ___________________________  Exit Requirements Complete: ___________________________  Date: ___________________________
(minimum of 21 required)

Copy to Registrar on: ___________________________  Grad. Audit sent on: ___________________________  Date: ___________________________

Student Signature: ___________________________  Date: ___________________________

Advisor Signature: ___________________________  Date: ___________________________

Dean, School of Education: ___________________________  Date: ___________________________

Dir of Graduate Division: ___________________________  Date: ___________________________

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2015-16 Catalog  revised 06/15