

**WESTERN NEW MEXICO UNIVERSITY**  
**Degree Plan - Secondary Education Major (0803)**  
**School of Education**

Student Name: \_\_\_\_\_ ID # \_\_\_\_\_ Tel #: \_\_\_\_\_ Degree Type \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_ ☐ BS  
(complete - including street, city, state, zip) ☐ BA

Catalog Authority: 2019-20 Expected Completion: \_\_\_\_\_ Advisor: \_\_\_\_\_

**Deadline for Application for Graduation; June 1st for Fall; September 1st for Spring; February 1st for Summer.**

Associates Degree: \_\_\_\_\_ 60 hours minimum met \_\_\_\_\_ Approved by Registrar: \_\_\_\_\_

Associate degree/diploma earned from (name, location & date): \_\_\_\_\_

School Name: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_

**Secondary Education Professional Core Requirements (30-32 credits hours)**

**Contextual Knowledge (3 credit hours)**

SPED 408 Intro Except Child (3) \_\_\_\_\_

Admission to Teacher Ed Program ☐ yes NES Essential Academic Skills Reading Score: \_\_\_\_\_  
Writing Score: \_\_\_\_\_  
Math Score: \_\_\_\_\_

**3. Application & Reinforcement (17 credit hours)**

BLED 445 ESL Mthd/Cont Lit (3) _____	EDUC 447 Field Exper Lab (1) _____
EDUC 447 Field Exper Lab (1) _____	EDUC 474 Classrm Assessmnt (3) _____
EDUC 436 Classroom Mgmt (3) _____	RDG 460 Reading Skills Sec Ed (3) _____
EDUC 471 Sec. Curric & Instr (3) _____	

**4. Capstone (10-12 credit hours)**

NES Professional Knowledge: Secondary Score: _____	EDUC 494 Practice Teaching (9-11) _____
NES Content Knowledge: Secondary Score: _____	EDUC 496 Practice Teaching Ser (1) _____

**TEACHING FIELD COURSES (24-30 hours) - see specific worksheets**

Teaching Field Degree Area \_\_\_\_\_ Number of Credits: \_\_\_\_\_

(attach degree plan worksheet for your Teaching Field, with course details)

Minimum CGPA of 2.75 needed to enter Capstone

**Service Learning 3 credits:** \_\_\_\_\_ **Sem/Year:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Upper Division Hours (42 minimum):** \_\_\_\_\_ **Writing Intensive Hours (9 minimum):** \_\_\_\_\_

**Total Hours (120 minimum required):** \_\_\_\_\_ **Copy to Registrar:** date: \_\_\_\_\_

**Original completed:** date: \_\_\_\_\_ **Grad. Audit sent:** date: \_\_\_\_\_

**Updated:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ date: \_\_\_\_\_

**Advisor Signature:** \_\_\_\_\_ date: \_\_\_\_\_

**Assoc. Dean SOE Signature:** \_\_\_\_\_ date: \_\_\_\_\_