

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: _____ Select one option: **Option 1 - Licensure Only**
 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: _____

NMTA Basic Skills test passed yes NMTA Teacher Competency test passed yes
NMTA Content Knowledge test passed yes Teaching Portfolio complete yes

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 (4)</u>			<u>2. Application & Reinforcement (15)</u>		
EDUC 505 Explor Fld Exp-Elem (Gallup)			EDUC 534 Integr Technl in Curric (3)	_____	_____
or EDUC 564 TEP Fld Exp (Silver) (1)	_____	_____	EDUC 570 Elem Curric & Instructn (6)	_____	_____
EDUC 536 Classroom Management (3)	_____	_____	or EDUC 572 Elem Mthd/Curr I (3)	_____	_____
			and EDUC 573 Elem Mth/Cur I (3)	_____	_____
			RDG 510 Teaching of Reading (3)	_____	_____
			RDG 511 Corrective Reading Instr (3)	_____	_____
<u>3. Capstone (2)</u>					
EDUC 592 Practice Teaching-Elem (2)	_____	_____			

Total Credit Hours: _____ **Exit Requirements Complete:** _____ **Date:** _____
(minimum of 21 required)

Copy to Registrar on: Date: _____ **Grad. Audit sent on:** Date: _____

Student Signature: _____ **Date:** _____

Advisor Signature: _____ **Date:** _____

Dean, School of Education: _____ **Date:** _____

**Assoc VP Academic Affairs/
Dir of Graduate Division:** _____ **Date:** _____

Note: All graduate credit, including transfer credit, must have been earned within the seven years prior to issuance of the graduate degree.