

WESTERN NEW MEXICO UNIVERSITY
Degree Plan - Master of Arts in Teaching - Elementary Education (0802)
Option 2 - Students with related undergraduate professional education preparation
School of Education

Student Name: _____	ID# _____
Complete Mailing Address: _____ (incl street, city, state, zip)	Telephone: _____
Email Address: _____	SOE Advisor: _____
Catalog Authority: _____	Teaching Field Advisor: _____
Date Admitted to Graduate School: _____	Date Admitted to MAT Program: _____
	Expected Completion: _____

Education Core Requirements (9)

<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>
EDUC 500 Methods of Research (3)	_____	_____
EDUC 506 Hist & Phil of Education (3)	_____	_____
EDUC 528 Student Growth/Develp (3)	_____	_____

Elementary Education Requirements (27)

15 credit hours from a Major Teaching Field
 12 credit hours from a second Teaching Field or related area.
 Major Teaching Field: _____
 2nd Field or Area: _____

Major Teaching Field (15)

<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>	<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>
Course: _____ ()	_____	_____	Course: _____ ()	_____	_____
Course: _____ ()	_____	_____	Course: _____ ()	_____	_____
Course: _____ ()	_____	_____	Course: _____ ()	_____	_____

Second Teaching Field or related area (12)

Course: _____ ()	_____	_____	Course: _____ ()	_____	_____
Course: _____ ()	_____	_____	Course: _____ ()	_____	_____
Course: _____ ()	_____	_____	Course: _____ ()	_____	_____

NMTA Basic Skills test passed <input checked="" type="checkbox"/> yes	NMTA Teacher Competency test passed <input type="checkbox"/> yes
Content Knowledge Area: _____	NMTA Content Knowledge test passed <input type="checkbox"/> yes

Total Credit Hours: _____ **Exit Exam:** _____ **Date:** _____
 (minimum of 36 required)

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

Student Signature: _____ **Date:** _____

SOE Advisor Signature: _____ **Date:** _____

Major TF 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.