WESTERN NEW MEXICO UNIVERSITY
Degree Plan - Alternative Licensure - Secondary Education (0803)
College of Education

Student Name: ___________________________  ID# ___________________________
Mailing Address: ___________________________
(complete - incl street, city, state, zip)  Telephone: ___________________________
Email Address: ___________________________
Bachelor's Degree: ___________________________
University: ___________________________

Catalog Authority: 2013-14  Select one option:  ☐ Option 1 - Licensure Only
Expected Completion:  ☐ Option 2 - Conversion to MAT
Teaching Field: ___________________________
(30 credit hours approved by NM Dept. of Ed.)  Advisor: ___________________________
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 (18-20)

<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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</thead>
<tbody>
<tr>
<td>1. Foundation (4-6)</td>
<td></td>
<td></td>
<td>2. Application &amp; Reinforcement (12)</td>
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<tr>
<td>Gallup - EDUC 507 Explor Fld Exp-Secdry (1-3)</td>
<td>EDUC 534 Integr Technl in Curric</td>
<td>(3)</td>
<td>Grade</td>
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<tr>
<td>or Silver - EDUC 511 Foundation of Education (1)</td>
<td>EDUC 571 Secdry Curric &amp; Instructn</td>
<td>(3)</td>
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<tr>
<td>Course: ___________</td>
<td>EDU574 Classroom Assessment</td>
<td>(2)</td>
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<td>EDUC 536 Classroom Management</td>
<td>(3)</td>
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<tr>
<td>RDG 560 Reading Skills Secnd Ed</td>
<td>(3)</td>
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<td>3. Capstone (2)</td>
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<td>EDUC 594 Practice Teaching-Secnd</td>
<td>(2)</td>
<td>Grade</td>
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Total Credit Hours: _______________  Exit Requirements Complete: Date: _______________
(minimum of 18 required)

Copy to Registrar on: Date: _______________  Grad. Audit sent on: Date: _______________
Student Signature: ___________________________  Date: _______________
Advisor Signature: ___________________________  Date: _______________
Dean, College of Education: ___________________________  Date: _______________
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.

2013-14 Catalog  revised 06/13