

Application for Equivalency for Current Faculty

If you do not meet the minimum qualifications for the discipline as stated on the job announcement or the District's list of minimum qualifications, you must complete this form to provide evidence that you have the equivalent qualifications to those stated for a particular discipline in the minimum Qualifications for Faculty and Administrators in California Community Colleges (the "Disciplines List"). In some cases, this means equal to a Master's degree in a discipline or in disciplines for which a Master's degree is not generally available or expected, it means equal to either a degree or a combination of degree and experience. For more information refer to Administration Regulation 7211. ***It is the employee's responsibility to provide the documentation needed to support the equivalency.***

Complete the following form and submit it and all documentation to Human Resources. Once received, Human Resources will notify the President of the Academic Senate and Vice President of Academic Affairs in compliance with AR 7211.

Name: _____

What discipline are you currently providing service? _____

I am applying for equivalence in which discipline: _____

The discipline is in: ___ BIST ___ FACH ___ HEPS ___ STEM ___ SSCI Division

What supporting documents are being submitted for consideration and review as part of the request for equivalency: (Check all that apply.)

- ___ Official Transcripts (Highlight pertinent coursework and/or degrees.)
- ___ Work experience/Employment (Provide documentation.)
- ___ Specialized Training (specify)
- ___ Licenses or Certificates (specify)
- ___ Awards and/or Commendations (specify)
- ___ Other (specify)

I certify that all the foregoing information is true, correct and complete. I understand that the equivalency will be revoked if the information presented in this document is found to be untrue or incorrect.

Print Name

Signature

Date

Equivalency Committee:

Equivalency Granted _____

Equivalency Denied _____

Rationale:

Signature: Division Chair, Chair

Signature: Dean

Effective Date

Academic Senate: _____

Approve

Deny

Signature: Academic Senate President

Date

President/CEO: _____

Approve

Deny

Signature: President/CEO

Date

Board of Trustees: _____

Approve

Deny

Board of Trustee Approval Date