Application for Equivalency for Job Applicants

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 applicant's responsibility to provide the documentation needed to support the equivalency.

Complete the following form and submit it and all documentation to Human Resources as part of the application packet. Once received, Human Resources will determine initial equivalency and forward the application to the screening committee compliance with AR 7211. If the hiring committee is not unanimous in its agreement about the applicant's initial equivalency, the equivalency will not be granted.

Name: _____

I am applying for equivalence in which discipline:

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

Human Resources:

Initial Equivalency Granted _____ Initial Equivalency Denied _____

Signature: VP Human Resources or Designee

Screening Committee:

Approve

Signature: Chair

Date

Deny