

Approval of Equivalence to Minimum Qualifications For Faculty and Educational Administrator Positions

Applicant or Employee Name: _____

If a current District employee, what is the job title? _____

Currently employed in District academic service within which discipline? _____

This individual has applied for equivalence in which discipline? _____

What supporting documents were submitted for consideration and reviewed along with the Application for Equivalence? Check all that apply:

Official Transcripts

Resume

Letters of Verification Education Employment Specialized Training

Other: _____

Licenses or Certificates (specify): _____

Awards and/or Commendations (specify) _____

Other documents: _____

The Application for Equivalence and supporting documents were reviewed on (date): _____

Following our review, it was determined that this individual:

meets the equivalency standards for, and can be assigned a Faculty Service Area in, the following discipline: _____

does not meet the equivalency standard for the following discipline: _____

Comments: (attach additional sheets as needed)

Signatures of Discipline Faculty and the Academic Senate President or designee:

_____ Academic Senate President

Authorized Signature, Human Resources: _____ **Date:** _____

Equivalency for Disciplines Requiring the Masters

Name: _____ Date: _____

Service Area/Discipline: _____

See attached documentation: _____

Notes of deliberation (attach additional sheets if necessary)