

APPLICATION FOR EQUIVALENCE OF MINIMUM QUALIFICATIONS FOR ACADEMIC ADMINISTRATOR/SUPERVISORY POSITIONS

PART I: Completed by applicant

Name: _____

Application for equivalence to establish minimum qualifications for the discipline: _____

I am attaching supporting materials, such as official transcripts, credentials, licenses, certificates, employer attestations, publications, etc., which validate the following assertion(s): (check all that apply)

Degree Equivalence

The employee or applicant possesses a degree(s) with similar content to those listed for the relevant discipline. The name of the degree is close to that specified on the Disciplines List, but the degree either has a different title or area of expertise or the coursework is slightly different.

Academic Background Equivalence

Related to disciplines in which a Master's degree is not generally expected or available. The employee or applicant must have completed at least 24 semester units of coursework in the academic field and must possess at least the equivalent level of achievement and the equivalent in breadth, depth of understanding, and rigor in each of the following:

1. a broad cultural education usually met by the general education requirements for any Bachelor's or Associate's degree, and
2. a detailed study of the discipline in breadth, depth, and rigor, usually met by course work required for the degree major.

Professional Achievement Equivalence

The employee or applicant must have completed the General Education requirements for that degree; and show outstanding professional achievement or substantial training in the requested field and must submit substantial evidence which demonstrates that his/her preparation, experience, and ability are equivalent to those expected from a person who meets the minimum qualifications.

I understand that the appropriate college Vice President or President, pursuant to current District procedures will review this Application for Equivalence. I understand that if their recommendation is approved it will be forwarded to the Office of Human Resources for approval by the Board of Trustees at the time of my employment.

Applicant Signature: _____ Date: _____

PART II:

Completed by the Hiring Committee Chair, appropriate Vice President, and President and forwarded to the Office of Human Resources, accompanied by supporting documents

Signatures below acknowledge that process has been followed:

_____ Date: _____
Hiring Committee Chair

Equivalence to minimum qualifications for the above-listed discipline(s)

_____ Approved _____ Not Approved

If denied, rationale is as follows: (Attach additional sheets if needed)

_____ Date: _____
Vice President

Equivalence to minimum qualifications for the above-listed discipline(s)

_____ Approved _____ Not Approved

If denied, rationale is as follows: (Attach additional sheets if needed)

_____ Date: _____
College President

Equivalence to minimum qualifications for the above-listed discipline(s)

_____ Approved _____ Not

Approved If denied, rationale is as follows: (Attach additional sheets if needed)