



EQUIVALENCY APPLICATION FOR DISCIPLINES WHICH GENERALLY REQUIRE A MASTER'S DEGREE

Applicants who do not meet the minimum qualifications for a position as listed in the position announcement must demonstrate that their educational and/or work experience is equivalent to these minimum qualifications. It is the applicant's responsibility to provide evidence that their educational/work experience is equivalent to the minimum qualifications.

Your Name: _____

The Discipline in which you are applying for equivalency: _____

Equivalency may be achieved by or through a combination of:

- ✓ Formal Education
- ✓ Work Experience
- ✓ Eminence

Please check which criteria will be used to base your claim (please select only one)

- The formal education equivalent to a Bachelor's Degree in the discipline (must complete Form C)
- The formal education equivalent to a Master's Degree in the discipline (must complete Form C)
- A Master's degree in any discipline AND thirty upper division semester units in the discipline AND four years of professional experience related to the discipline.
- A master's degree in any discipline AND thirty graduate semester units in the discipline.
- A bachelor's degree in the discipline AND a master's degree in a related discipline.
- A bachelor's degree in any discipline AND four years of professional experience related to the discipline AND documented eminence in the field (must complete Form E)

Note: Refer to Minimum Qualifications (CCCCO website) for Faculty and Administrators in California Community Colleges booklet (Title 5 CCR section §53404) for the definition of what constitutes professional and occupational experience.

Describe how your formal education, professional experience and/or eminence meet the criteria checked. Please attach any relevant documentation (resume, transcripts, etc...). For occupational experience, number of years you worked at each job and the nature and scope of your responsibilities.

I hereby affirm that the statements made in this application are true to the best of my knowledge and belief. I understand that any misrepresentation may result in disqualifying me from, employment, or other actions, including termination.

Signature _____

Date _____

Equivalency claim reviewed and recommended by:

Printed name of Division/Department/Screening Committee Chair

Signature _____

Date _____

For Equivalency Committee Use Only:

Equivalency is: Recommended Not Recommended (see rationale below)

Equivalency Committee Chair _____
Date

Equivalency Committee Member _____
Date

Equivalency Committee Member _____
Date

Equivalency Committee Member _____
Date

Equivalency Committee Member _____
Date

Rationale for not recommending Equivalency

