

MINIMUM QUALIFICATIONS COMPARABLE DEGREE TITLE APPROVAL FORM

From: _____, Department Chair

To: Glorian Sipman, Equivalency Committee Chairperson

Subject: Minimum Qualifications Comparable Degree Title Request

Date: _____

I would like to submit the following degree title(s) as comparable to the specific degree title listed below per the "Minimum Qualifications for Faculty and Administrators in California Community Colleges." The required table comparing the degree titles and catalog descriptions are attached.

Discipline: _____

Specific degree major listed in the "Minimum Qualifications for Faculty and Administrators in California Community Colleges": _____

Comparable degree title(s):

After reviewing the comparable degree title request and accompanying material we believe the degree title(s) submitted are comparable to the specific degree above listed in the "Minimum Qualifications for Faculty and Administrators in California Community Colleges."

EQUIVALENCY COMMITTEE

[] Recommends approval of request

[] Does not recommend approval

[] Re

_____] Does not recommend approval

Academic Senate President Signature

Date

GOVERNING BOARD

[] Approves request

[] Denies request

Sunita Cooke, Ph.D., Superintendent/President

Date