

EQUIVALENCY RESPONSE FORM

Candidate:

Discipline:

Minimum qualifications:

After reviewing the equivalency request and accompanying material from the above named candidate, I/we believe the candidate possesses qualifications equivalent to the minimum qualifications specified above per the "Minimum Qualifications for Faculty and Administrators in California Community Colleges."

Discipline expert/Lead signature (as required)

Date

Department Chair signature

Date

EQUIVALENCY COMMITTEE

Recommends approval of request

Does not recommend approval

Equivalency Committee Chair Signature

Date

ACADEMIC SENATE COUNCIL

Recommends approval of request

Does not recommend approval

Academic Senate President Signature

Date

GOVERNING BOARD

Approves request

Denies request

Sunita V. Cooke, Ph.D., Superintendent/President

Date

Date employee notified: _____