

## 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: \_\_\_\_\_