

**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

\_\_\_\_\_  
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 Cooke, Ph.D., Superintendent/President

\_\_\_\_\_  
Date