Foothill-DeAnza Community College District
Request for Equivalency

If you do not meet the minimum qualifications as stated on the Position Announcement, you must complete this form if you wish to claim equivalent to the minimum qualifications. Complete each portion of this form in detail to provide sufficient information to make a determination of equivalency. It is the applicant's responsibility to provide complete information on this form. Do not state, "See transcripts" or "See Resume". Please put your name on any documents accompanying this form.

Note: Teaching experience is not equivalent to experience in the discipline.

Name:
Position Title:
Discipline or field required for position:
Minimum qualifications for the discipline/field which the equivalency is requested:

Part 1: Identify and complete the appropriate category for the equivalency request based on the minimum qualifications for the field or discipline which the equivalency is requested.
My academic and professional background is equivalent to:

_____ AA degree + 6 years' full-time work experience in _____

_____ Bachelor's degree + 2 years' full-time work experience in _____

_____ Master's degree in _____

_____ Master's degree in _____ Emphasis/certificate in:_____

_____ Bachelor's degree in _____ and Master's degree in _____

_____ Eminence in (Provide supporting documentation, which may include written statements by experts in the discipline , evidence of the production of tangible products such as published works, invited presentations to the discipline-related professional organizations, awards and professional recognition, etc) Attach sheets if necessary. :

_____
_____
_____
_____

Part 2: Identify the specific courses, workshops, and related work experiences that document equivalency.

A: Academic Preparation: List the institution, course number and title, course level (graduate, upper division, lower division) and number of semester or quarter units for all classes that apply to the field or discipline in which equivalency is requested. Do not state, "See transcripts"

Institution	Course Number	Course Title	Course Level	# sem or Qtr Units

Total Number of Units _____ (Note: 1 sem unit =2/3 quarter unit)

B: Workshops, Seminars, Other Training: List the institution, seminar/workshop title, and number of hours for all seminars/workshops/etc. that apply to the field of discipline in which the equivalency is requested.

Institution	Title of Seminar/Workshop	Dates	# of Hours

C: Work experience: List the company, duties, and dates for al full-time, and part-time employment that apply to the field or discipline in which equivalency is requested. Do not state "See resume".

Institution/ Organization	Duties	Dates	% Time Worked	# of Yrs/Mos

Part 3: List any additional information that supports your application.

Certification: I certify that all of the foregoing statements are true correct and complete. I understand that the equivalency will be revoked if the information presented in this document is found to be untrue or incorrect.

_____ _____

Name Date

Office use only:
Received/Employment Services _____
Sent to Search Committee _____
Received/Search Committee/Dean _____
Received Equivalency Committee _____