APPLYING FOR A
FULL EQUIVALENCY

1. Fill out the application that is included with this set of instructions. Indicate how the particular candidate has qualified for an equivalency under the provisions of your Departmental Equivalency Policy. If your department has not had such a policy approved by the Equivalency Committee, you will have to have a policy approved by that committee before you can request any type of equivalency. Please be specific on the qualifications, but please be brief as well.

2. Have the members of your department vote on the request for endorsement. If the required number as listed on your Departmental Equivalency Policy approve, have those faculty members sign the request. Next have the department chair (or equivalent) and then have the division dean sign it. Finally, get the signature of an Equivalency Committee member.

3. Once the request has been approved by your department, obtain copies of the following documents, place them behind the request in the order listed below, remove these instructions, and send this equivalency package to the Equivalency Committee chair ready for duplication in the campus Production Department (i.e.-single sided, no staples, etc.).

   N/A   YES
   □    Departmental Equivalency Policy
   □    SCCCD Application (must be current – less than 2 years)
   □    All college transcripts
   □    Resume/Vitae
   □    □   Character/reference letters
   □    □   Certifications, licenses, etc.
   □    □   Verification of employment on company letterhead

4. If it is technically correct, it will go before the Equivalency Committee for consideration at the next available meeting. If it is not technically correct, it will be sent back to the department for changes. Make the changes and resubmit the request.

5. If the Equivalency Committee approves the request, the candidate will be granted equivalency immediately. If the Equivalency Committee does not approve the request, the candidate will not be granted equivalency.

6. In the event of a denial the Equivalency Committee’s decision can be appealed. Obtain a Candidate Equivalency Appeals Form and included set of instructions from any division office.
REQUEST FOR ENDOREMENT OF A CANDIDATE FOR A
FULL EQUIVALENCY

Date:______________
From (Chair):__________________________________ Extension:__________

Department:____________________________________

Discipline(s):____________________________________

Division:____________________________________

Name of Candidate:____________________________________

We believe that the candidate is qualified for a full equivalency based on the Departmental Equivalency Policy and the attached documents.

Signature (Chair):____________________________________

Signatures of faculty supporting this endorsement request:
____________________________________
____________________________________
____________________________________
____________________________________

Seen by the Division Dean. Signature: ____________________________ Endorsed □

Equivalency committee member signature: ____________________________

Action taken by the Equivalency Committee:
Request granted: _________  Request refused: _____________
Rationale/Comments/Recommendations:

____________________________________, Date: ____________________________

Equivalency Committee Chair ____________________________
Qualifications of the candidate as per the Department Equivalency Policy:

Did you include the following documents?

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<thead>
<tr>
<th>N/A</th>
<th>YES</th>
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Please submit all forms to Equivalency Committee chair ready for duplication in the campus Production Department (i.e.-single sided, no staples, etc.).

October 2002