

## EQUIVALENCY REQUEST – GUIDELINE B1

Name:	
Position Applying For:	
Discipline in Which Requesting Equivalency:	
Minimum Qualifications:	
Equivalency Guideline:	B1: Candidate holds a bachelor's degree in a related or different field, but candidate has at least 18 semester units of discipline-related upper-division and/or graduate level coursework.

My educational background includes the following: a \_\_\_ degree from \_\_\_\_\_; and/or a \_\_\_ degree from \_\_\_\_\_. I am applying for equivalency under guideline B1. The table below shows \_\_\_ semester units of upper division/graduate coursework related to the discipline of \_\_\_\_\_, corroborated by the course descriptions and accompanying catalog pages.

*{Note to candidate: provide an explanation of how a course is related to the discipline, if it's not obvious. For example, for a research class, independent study class, or thesis/dissertation units, if the topic is not specifically stated on your transcripts, provide a description about the class content or focus of your thesis/dissertation.}*

<b>** UNIVERSITY NAME **</b>				<b>For Dept. Chair or Discipline Expert</b>	
Course Number & Title	Course Description	Qtr. Units	Sem. Units	Is the course discipline related?	
				YES	NO
<b>TOTAL UNITS</b>				___ = Total number of units	

			<b>related to discipline</b>
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{Note to candidate: If you'd like, you can add any other information here about your education and/or experience that you would like the committee to know about, but it's not required.}

Thank you for considering my request for equivalency. Please contact me should you need any additional information or clarification.

Respectfully,  
Name  
Email Address  
Phone Number

<b>For Department Chair (and Discipline Expert if applicable)</b>			
I have reviewed the candidate's list of courses and indicated whether each course is discipline related or not.			
Comments (optional) or can also attach a separate letter of support:			
Name of Department Chair:		Date:	
Signature:			
Name of Discipline Expert (if applicable):		Date:	
Signature:			