

EQUIVALENCY REQUEST – GUIDELINE B3

Name:	
Position Applying For:	
Discipline in Which Requesting Equivalency:	
Minimum Qualifications:	
Equivalency Guideline:	B3: Candidates in specific disciplines may qualify through education and/or experience other than what is listed in B1-B2 based on alternative guidelines established for each of these disciplines after Academic Senate has approved them.

{Note to candidate: if discipline-specific guidelines have been previously approved by Academic Senate, they may be supplied by the department chair or discipline expert. Since each department’s guidelines may look different, the tables below listing units and professional experience are only provided as a template; they may not be needed, and in fact, additional information not listed here may be required, per individual departments. Please attach the discipline-specific guidelines to this form and indicate how they are being met, using the tables below if appropriate.}

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

{Note to candidate: any courses listed should be corroborated by the course descriptions and accompanying catalog pages. Please also 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.}

Employer / Organization	Position Title	Dates (MM/YYYY–MM/YYYY)	Full or Part time?	Hours per week	Months per year	FT equivalent years	Primary Responsibilities	
							Yes	Yes
_____							= Total number of FT equivalent years	

{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

<i>For Department Chair (and Discipline Expert if applicable)</i>			
I have reviewed the candidate's courses, professional experience, certifications, and any other documentation provided under our department's approved alternative guidelines.			
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:			