

EQUIVALENCY REQUEST – GUIDELINE C1

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| Name: | |
| Position Applying For: | |
| Discipline in Which Requesting Equivalency: | |
| Minimum Qualifications: | |
| Equivalency Guideline: | C1: Candidate must have at least ten years of related full-time or full-time-equivalent professional/occupational experience when not applying any education toward equivalency. |

| Employer / Organization | Position Title | Dates (MM/YYYY–MM/YYYY) | Full or Part time? | Hours per week | Months per year | Primary Responsibilities | For Discipline expert: related? Y/N | |
|-------------------------|----------------|-------------------------|--------------------|----------------|-----------------|--------------------------|-------------------------------------|----|
| | | | | | | | Yes | No |
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{Note to candidate: You must also provide document(s) verifying employment from previous employer's human resources or payroll department(s); if self-employed, you must provide a notarized document listing experience.}

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.}

{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

For Department Chair (and Discipline Expert if applicable)

I have reviewed the candidate's application for equivalency and confirm that the professional/occupational experience identified by the applicant represents at least ten years of related full-time or full-time- equivalent professional/ discipline-related experience, which is relevant to the minimum qualifications for this discipline.

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: