

Mendocino – Lake Community College District

Minimum Qualifications Equivalency – Faculty Application Submission Form

Read the Minimum Qualifications Application Instructions carefully to ensure you provide accurate and complete documentation to verify your equivalency. All documentation must be as reliable and objective as a transcript. If you need additional information, please see the Mendocino College Board Policy 7211 and/or Administrative Procedure 7211.1.

Select one option that best indicates the type of equivalency you are claiming from one of the three categories below and attach evidence to support this claim.

Identify the discipline you are applying for: _____
(type in the discipline)

1. This discipline requires a Master’s degree or its equivalent

- A. The Master’s degree I have is the same as the degree for the advertised position, except for the title/name
- B. The Master’s degree I have is in a reasonable related discipline as the degree for the advertised position
- C. The position I am applying for is Humanities. I have a master’s degree in Art, Communication Studies, Dance, Education, English, History, Music, Philosophy, Speech, Theatre Arts, a foreign language or the equivalent
- D. I qualify for equivalency in the advertised position by reason of eminence

2. This discipline requires a specific Bachelor’s or Associate degree and professional experience

- A. The Bachelor’s degree I have is the same as the degree for the advertised position, except for the title/name and I have two years of professional experience in the discipline
- B. The Associate degree I have is same as the degree required for the advertised position except for the degree name and I have six years of professional experience in the discipline.
- C. I qualify for equivalency in the advertised position by reason of eminence.

I affirm that the above information is a true and accurate account of my education and professional experience and that I have provided the required verification of such.

Print Name

Signature

Date

***** For Completion by the Committee *****

Equivalency Committee:

Insert a narrative explaining the findings, recommendations and rationale followed by signatures of the Chair and members of the equivalency review committee.

Sign and print name to certify findings noted above

Academic Senate Chair Date

Faculty Date

Faculty Date

Dean Date

Superintendent / President:

Optional Comments:

Superintendent/President Date
(as designee of the Board of Trustees)

Applicant notified of decision

Human Resources Date

Revised and approved with Board Policy 7211 and Administrative Procedure 7211.1, December 13, 2020