**SUPPLEMENTAL EQUIVALENCY APPLICATION**



**ACADEMIC EMPLOYMENT**

NAME:       POSITION TITLE:

|  |  |  |  |
| --- | --- | --- | --- |
| (   )     - | (   )     - |  |  |
| Home Telephone # | Work Telephone # |  | Work Telephone # |

1. What earned degree or degrees that you possess do you believe are equivalent to the stated minimum qualifications?

1. Please list your majors and minors of your earned degrees:

Degree:       Major:       Minor:

Degree:       Major:       Minor:

Degree:       Major:       Minor:

1. What specific coursework, training, CEUs, certifications have you completed that you believe qualifies you for this position:

     

1. Please list any teaching experience you have had that you feel would be pertinent for this position:

1. Please list other experience that you would like to have considered in determining equivalency for this position:

1. Please submit any tangible evidence of your request to be considered for this position based on what you believe to be the equivalent education, background and training, (i.e.: transcripts, pay records, certificates, licenses, etc.).
2. Additional comments:

I understand that the burden of proof as to whether I shall be considered for a position based on equivalence shall be my responsibility.

Signature of Applicant Date

**FOR DISTRICT USE**

**EMERGENCY AUTHORIZATION ONLY:**

In accordance with Section 8 of Board Policy Number 5317, I recommend temporary equivalency approval for the

Semester

Superintendent/President Date

**AND/OR**

On this date the Equivalency Committee met and recommends the following:

MEETS EQUIVALENCY OF MINIMUM QUALIFICATIONS

DOES NOT MEET MINIMUM EQUIVALENCY QUALIFICATIONS

TEMPORARY EQUIVALENCY GRANTED BASED UPON CONDITIONS OUTLINED BELOW

Equivalency Committee Chairperson Date

Comments:

GOVERNING BOARD APPROVAL DATE

Rev 12/18/13