

Santa Monica Community College EQUIVALENCY STATEMENT FORM

Complete this application only if you do not meet the minimum qualifications for the position you are applying to, and you wish to be considered equivalent to the minimum qualifications.

Complete each section of the form in detail to provide sufficient information to make a determination of equivalency. It is the applicant's responsibility to provide complete information and support documentation. Do not state "see transcripts" or "see resume." Equivalency will be determined by department faculty.

Part 1: Identify and complete the appropriate category for the equivalency based on the minimum qualifications for the field or discipline in which the equivalency is requested.

	years full-time work experience in
achelor's degree and	years full-time work experience in
Master's degree in	
Naster's degree in	
with emphasis and/or certificate	e in
achelor's degree in	And Master's in
minence in (Provide supporting	documentation which may include written statements by experts in the
discipline, evidence of the produ	action of tangible products such as published works, invited presentations to
discipline related professional or	rganizations, awards and professional recognition, etc.)

Part 2: Identify the specific courses, workshops, and related work experiences that document equivalency.

A. Academic Preparation: List the institution, course number and title, course level (graduate, upper division, lower division), and number of semester or quarter units for all classes that apply to the field or discipline in which equivalency is requested. Transcripts and copies of course descriptions should be attached, however, do not state "see transcripts."

Institution	Course Number	Course Title	Course Level	# Sem/Qtr Units

EQUIVALENCY STATEMENT FORM (Continued)

Institution	Title of Seminar/Work	shop	Dates	# Hours	
motituition	Title of Jenniary Work		Dutes	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	ne company, duties and dates fested. Do not state "see resum				
Company/Organization	Title	Dates	(FT/PT)	# Yrs/Mos	
Part 3: Additional information to	support application for equiva	ency.			
Professional memberships and/or		,			
Trolessional memberships and of	organizational activities.				
Accomplishments:					
Specialized skill, knowledge, and	ability:				
Part 4: List the name, address ar	-	ferences who will atte	est to your educat	ion, experience	
and knowledge being equivalent	to the minimum qualifications.				
Name	Address			Telephone	
I CERTIFY THAT ALL THE	FOREGOING STATEMENTS AF	E TRUE, CORRECT, A	ND COMPLETE.	IF EMPLOYED,	
	SUBJECT TO DISMISSAL IF THEY				
DDINT NAME					
PRINT NAME	SIGNATURE	DATE	DATE		