



COMPTON COMMUNITY COLLEGE DISTRICT Request for Equivalency

If you do not meet the minimum qualifications as stated on the job announcement, you must complete this form if you wish to claim the equivalent to the minimum qualification. Complete each portion 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 on this form.** Do not state "see transcripts" or "see resume".

Please type or print.

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

My academic and professional background is equivalent to:

Associate's degree and six (6) years full-time work experience in _____

Bachelor's degree and five (5) years full-time work experience in _____

Master's degree in _____

Master's degree _____
with emphases and/or certificate in _____

Bachelor's in _____ and Master's in _____

Eminence in (Provide supporting documentation which may include written statements by experts in the discipline, evidence of the production of tangible products such as published works, invited presentations to discipline-related professional organization, awards and professional recognition, etc.)

Note: Teaching experience is not equivalent to experience in the discipline except for upper division or graduate teaching in the discipline.

Part 2: Identify the specific courses, workshops, 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. For Associate's degree equivalency, list general education courses. Do not state "see transcripts." Attach additional sheets if necessary

Institution	Course Number	Course Title	Course Level	# of semester/quarter units

Total: _____ (Note: 1 semester unit equals 2/3 quarter units)

Request For Equivalency (continued)

B. Workshops, Seminars, Other Training: List the institution, seminar/workshop title, and number of hours for all seminars, workshops, etc. that apply to the field or discipline in which the equivalency is requested. Attach additional sheets if necessary.

Institution	Title of Seminar	Workshop Dates	Number of Hours

C. Work Experience: List the company, duties, and dates for all full-time, and part-time employment that apply to the field or discipline in which equivalency is requested. Do not state “see resume”. Attach additional sheets if necessary.

Company/Organization	Title	Dates	% Time Worked (Part time, full time)	# Years/ Months

Part 3: List any additional information that supports your application.

Certification: I certify that all of the foregoing statements are true, correct and complete. I understand that the equivalency will be revoked if the information presented in this document is found to be untrue or incorrect.

Print Name

Sign Name