**MADERA COMMUNITY COLLEGE**

**PETITION FOR EQUIVALENCY**

This petition is to be completed by persons seeking employment as either a full-time tenure track or part-time faculty member at Madera Community College and its campuses who do not meet the minimum qualifications for a teaching discipline as defined in the current *Minimum Qualifications for Faculty and Administrators in California Community Colleges* handbook. **Petitioners are encouraged to contact faculty within the discipline, Madera Community College Department Chairs, Division Representatives, or members of the Equivalency Committee to answer questions or to provide guidance in completing the petition**.

**PART 1: APPLICANT INFORMATION**

Petitioner’s Name:

Position applied for:

Discipline Name as specified in the most current *Minimum Qualification* Document:

(enter name of discipline)

Discipline Minimum Qualifications as listed in the most current *Minimum Qualification* Document: (enter the minimum qualifications exactly as stated in the handbook)

Please list your qualifications exactly as worded from your transcripts:

**Do the petitioner’s qualifications meet the department’s approved policy**?

\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_No

*(If the petitioner’s response is “yes” to the above question, move ahead to Part 3 of the form; if the petitioner’s response is “no,” proceed to Part 2.)*

**PART 2: EQUIVALENCY MATRIX**

(*NOTE*: *this matrix needs to be completed ONLY if the petitioner does not meet the department’s approved policy*). Include or attach one or more examples of the degree requirement from an accredited institution. Illustrate how the petitioner’s academic and/or professional experiences satisfy the requirements of the example(s) presented.

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| --- | --- |
| **CATALOG DESCRIPTIONS FOR A COURSE OF STUDY FROM AN ACCREDITED INSTITUTION THAT WOULD LEAD TO THE DEGREE THAT MEETS THE MINIMUM QUALIFICATION**  ***(please identify the institution, the department, and the course number)*** | **PETITIONER'S COURSEWORK / WORK EXPERIENCE THAT WOULD MEET THE REQUIREMENT OF EACH IDENTIFIED COURSE**  ***(if citing work experience, please explain how the position provided an educational opportunity equivalent to the identified course description)*** |
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**PART 3: TRANSCRIPTS**

Include or attach all post-secondary transcripts. Clear unofficial transcripts may be included during the review process; however, official transcripts must be available for verification prior to the final determination by the committee. Access to official transcripts through the District Office may delay final approval. (If possible, scan the transcripts and insert here.)

**PART 4: RESUME/CURRICULUM VITAE**

Include a resume or curriculum vitae of the petitioner’s relevant experience. (If possible, insert the document here.)

**PART 5: REQUIRED SIGNATURES**

Petitioner’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TENURED FACULTY SIGNATURE(S)**

Signature of the Tenured Faculty Who Determined that the Petitioner Satisfied the Equivalency Requirements:

*Signature indicates support of granting equivalency. If a faculty member is unwilling to sign in support of this petitioner, the petition is incomplete.*

Printed Name:

Signature: Date:

*(If tenured faculty member in the discipline is not available, a tenured faculty member from a “related discipline,” as defined in the Minimum Qualifications for Faculty and Administrators in California Community Colleges handbook, may sign after consulting with the non-tenured faculty.)*

The signatory above may include a statement of support. The signatory is responsible for ensuring other members of the discipline have participated in the process.

Other members of the discipline are encouraged to sign either in support or denial of the petition. Signatories are encouraged to include a statement of support or non-support.

Printed Name:

Signature: Date:

Support: Oppose:

Printed Name:

Signature: Date:

Support: Oppose:

Printed Name:

Signature: Date:

Support: Oppose:

Printed Name:

Signature: Date:

Support: Oppose:

**DEPARTMENT CHAIR OR DIVISION REPRESENTATIVE SIGNATURE**

Either the appropriate Department Chair or Division Representative must sign the petition to acknowledge the petition being submitted. The Department Chair or Division Representative may include a statement of support or non-support. The signatory affirms that the appropriate discipline faculty have been consulted and deemed the petitioner to possess equivalent qualifications.

Printed Name:

Signature: Date:

Do any of the colleges in the district offer a comparable program? \_\_\_\_\_Yes \_\_\_\_\_\_No

If so, which colleges:

If applicable, have MCC Faculty reviewed this petition with the appropriate faculty at the other colleges offering a comparable program? \_\_\_\_\_Yes \_\_\_\_\_\_No

If so, which instructors:

(Faculty from other colleges may include a statement of support or non-support).

**DEAN OF INSTRUCTION/STUDENT SERVICES SIGNATURE**

The appropriate Dean of Instruction/Student Services from Madera Community College must sign the petition. The Dean of Instruction/Student Services may include a statement of support or non-support.

Printed Name:

Signature: Date:

**ACTION OF THE MADERA COMMUNITY COLLEGE ACADEMIC SENATE COMMITTEE ON EQUIVALENCY**

Petition is: approved: denied:

Signature of Equivalency Committee Chair *(or designee)*:

Date:

Comments: