

### Equivalency Certification for Noncredit Citizenship

Name: \_\_\_\_\_ Department: Community Education

Semester/Year: \_\_\_\_\_ Discipline/Area: \_\_\_\_\_

**Criteria for Equivalency:** The applicant named above meets the criteria for equivalency. This has been verified by review of the applicant's official college transcripts and other materials. (Attach documents used to verify candidate's qualifications.)

**Minimum Qualifications:**

A bachelor's degree in any discipline and six semester units in American history and institutions.

**Criteria for Equivalency:**

A bachelor's degree in any discipline and three years of professional experience related to the area of assignment.

**Rationale:** Explain how the applicant's qualifications meet the selected guideline. Qualifications must be verified with appropriate documentation.

Signature of Candidate	Date
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I have reviewed all documentation and recommend approval of regular equivalency certification.			
Signature of Department Chair	Date	Signature of Dean	Date
Signature of Appropriate Academic Vice President	Date	Signature of Committee Chair Professional Standards Committee	Date