

# STATEMENT OF ADJUNCT FACULTY QUALIFICATIONS

Cerro Coso Community College

Name of Applicant

Discipline  Date Received

LOCATION(S):  IWV  KRV  SK  BISHOP  MAMMOTH  ONL

Part A - Applicant meets Minimum Qualifications (Check Area 1 or 2)

<input type="checkbox"/> Area 1 Vocational	<input type="checkbox"/> Area 2 Academic
<input type="checkbox"/> AA/AS Degree & 6 Years Experience	MA/MS Major: <input type="text"/>
<b>OR</b>	
<input type="checkbox"/> BA/BS Degree & 2 Years Experience	BA/BS Major: <input type="text"/>

Part B - Applicant Meets Equivalency (Faculty Chair, complete this box only if you feel applicant meets equivalency)(Complete Certification of Equivalency Form)

Please indicate whether or not you agree with the Faculty Chair by filling out your name, checking a box and dating.

EQUIVALENCY COMMITTEE MEMBER	AGREE	DISAGREE	DATE
Name: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Name: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Name: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Name: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

DOES NOT MEET MINIMUM QUALIFICATIONS OR EQUIVALENCY

MEETS MINIMUM QUALIFICATIONS or EQUIVALENCY BUT DO NOT ADD TO POOL (State reason below)

Comments:

Faculty Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Academic Senate President (for equivalency only): \_\_\_\_\_ Date: \_\_\_\_\_

VP of Academic Affairs or Student Services: \_\_\_\_\_ Date: \_\_\_\_\_