



The following questions provide documentation for the equivalency request.

1. **Accredited Degrees and Coursework:** Only coursework completed at, and degrees awarded by, accredited institutions recognized by the U.S. Department of Education will be considered. **In Part A, Degrees Earned,** Please list the type of degree, the discipline or major, name of granting institution, and date granted. **In Part B, Coursework,** List discipline specific and related courses only. List the institution, course number and title, date completed, course level (graduate, upper division, or lower division), and number of semester or quarter units. Identify if the course is specific to the discipline for which equivalency is requested, or is in a related area. **Attach all transcripts for all graduate and undergraduate coursework.**

**Degrees awarded/coursework taken outside of the U.S.:** Candidates who have earned degrees from institutions outside of the United States are required to submit both official translations and course-by-course evaluations of their transcripts that have been prepared by a certified U.S. credentials evaluation agency that is a member of the National Association of Credentials Evaluation Services (NACES). Visit [www.naces.org](http://www.naces.org) for the list of current, certified agencies.

**A. Degrees Earned:**

Degree (Bachelor, Master's, etc...)	Discipline or Major	Institution	Month & Year Granted

**B. Coursework:**

Institution	Course Number	Course Title	Date Completed	Level: Graduate, Upper div, Lower div	Discipline Specific (S) or Related (R)	Units # Sem. <b>OR</b> # Qtr.	
<i>Example: SDSU</i>	<i>Eng 302</i>	<i>Introducing Shakespeare</i>	<i>Fall 2010</i>	<i>Upper div.</i>	<i>S</i>	<i>3</i>	
						Total Sem.	Total Qtr.

2. **Workshops, Seminars, Other Training:** List the institution, seminar/workshop title, date, and number of hours for all seminars/workshops/etc... that apply to the field or discipline in which the equivalency is requested. Do not state "see resume." **Attach all workshop and/or seminar certificates.**

Institution	Title of Seminar/Workshop	Dates	# Hours

Total # Hours: \_\_\_\_\_

3. **Work Experience:** List the name of employer, primary duties, and dates for all full-time and part-time employment that apply to the field or discipline in which the equivalency is requested. Do not state "see resume."

Name of Employer	Primary Duties	Inclusive Dates				Avg # Hrs/wk	# Yrs./Mos.
		From		To			
		Mo.	Yr.	Mo.	Yr.		

Total # Yrs./Mos.: \_\_\_\_\_

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

\_\_\_\_\_  
Date