

OK
JC
10-27-13

RANCHO SANTIAGO COMMUNITY COLLEGE DISTRICT

Request for Specific Equivalencies to Minimum Qualification for a Discipline/Program

FORM I

Each time a department wants to alter its agreed upon equivalencies for all discipline hirings, it must file a new "Request for Equivalencies to Minimum Qualifications" form.

Name of the Discipline: Manufacturing Technology

1) List the current Minimum Qualifications for the discipline:

Bachelors degree and two years of related work experience
or
Associate degree and six years of related work experience

2) List the equivalencies that the Department accepts as valid:

The above or:

Forty ~~ten~~ units of college coursework and ten years of related work experience
or... 44.3

Masters Degree in Mechanical Engineering or Manufacturing Engineering

3) Rationale:

Some specialties in this discipline have NO equivalent advanced degree. Years of work experience is therefore often valued more highly than academic education for those specialties.

Mechanical and Manufacturing Engineering are upper division and graduate fields of study leading to advanced degrees for some specialties within this discipline.

Submitted by: Dietrich Kanzler

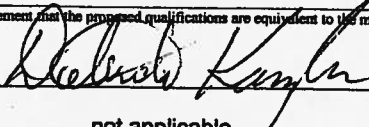
Department: Manufacturing Technology

REQUIRED SIGNATURES

SAC Department Chair or designee:

Dietrich Kanzler

A signature indicates support for the equivalency and agreement that the proposed qualifications are equivalent to the minimum qualifications of the discipline.

Signature:  Date: 9-30-13

SCC Department Chair or designee:

not applicable

A signature indicates support for the equivalency and agreement that the proposed qualifications are equivalent to the minimum qualifications of the discipline.

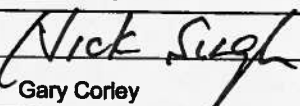
Signature: _____ Date: _____

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HUMAN RESOURCE

Three faculty from the Department, FSA, Discipline or Division:

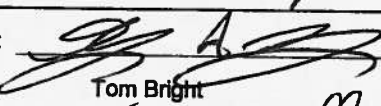
A signature indicates support for the equivalency and agreement that the proposed qualifications are equivalent to the minimum qualifications of the discipline.

1) Faculty's Name: Nick Singh

Signature:  Date: 9/30/13

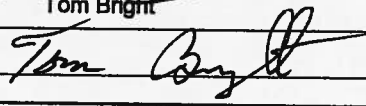
2) Faculty's Name: _____

Gary Corley

Signature:  Date: 9/30/13

3) Faculty's Name: _____

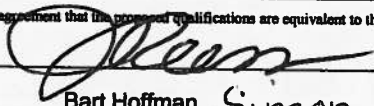
Tom Bright

Signature:  Date: 10-1-13

Academic Senate/Representative: _____

John Ross

A signature indicates support for the equivalency and agreement that the proposed qualifications are equivalent to the minimum qualifications of the discipline.

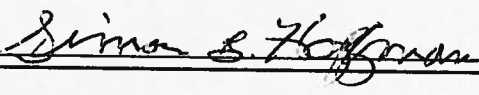
Signature:  Date: 10/1/13

Academic Dean/Supervisor: _____

Bart Hoffman

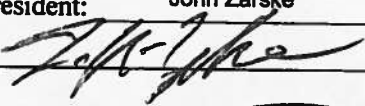
Simon B. Hoffman

Signature indicates receipt of equivalency request.

Signature:  Date: 10/7/13

SAC Academic Senate President: _____

John Zarske

Signature:  Date: 10/16/13

Approved ☒

Denied ☐

SCC Academic Senate President: _____

not applicable

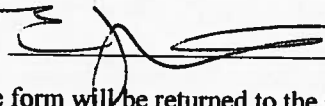
Signature: _____ Date: _____

Approved ☐

Denied ☐

Reason for Denial:

College President or Designee: _____

Signature:  Date: 10/17/13

If not approved at any level, the form will be returned to the appropriate Department Equivalency Committee.