

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: Kinesiology

1) List the current Minimum Qualifications for the discipline:

Master's degree in kinesiology, physical education, exercise science, education with an emphasis in physical education, kinesiology, physiology of exercise or adaptive physical education OR bachelor's degree in any of the above AND master's degree in any life science, dance, physiology, health education, recreation administration, or physical therapy OR the equivalent.

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

"A Master's Degree with coursework comparable and equivalent to the coursework for the Master's in kinesiology, physical education, exercise science, education with an emphasis in physical education, physiology of exercise, or adaptive physical education."

3) Rationale:

Teaching kinesiology theory and or physical education classes effectively requires training in the many scientific foundations of the Discipline of Kinesiology.

Submitted by: Brian Sos

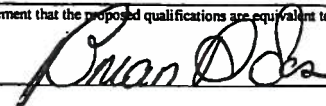
Department: Kinesiology

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HUMAN RESOURCES/RSCCD
Revised 08/2012

REQUIRED SIGNATURES

SAC Department Chair or designee: Brian Sos

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

Signature: 

Date: 2/25/14

SCC Department Chair or designee: Ian Woodhead

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

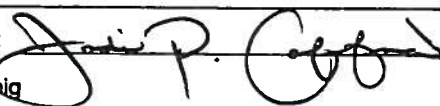
Signature: 

Date: 2/26/14

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

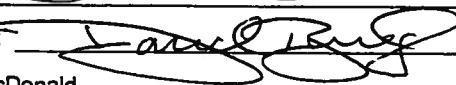
A signature indicates support for the equivalency and agreement that the proposed qualifications are equivalent to the minimum qualifications of the discipline.

1) Faculty's Name: Jodi Coffman

Signature: 

Date: 2-25-14

2) Faculty's Name: Dave Braig

Signature: 

Date: 2-25-14

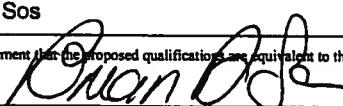
3) Faculty's Name: Julie MacDonald

Signature: 

Date: 2-25-14

Academic Senate/Representative: Brian Sos

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

Signature: 

Date: 2/25/14

Academic Dean/Supervisor: Avie Bridges

Signature indicates receipt of equivalency request.

Signature: 

Date: 2/25/14

SAC Academic Senate President: John Zarske

Date: 2/26/14

Signature: 

Approved ☒

Denied ☐

SCC Academic Senate President: Sorinna Evett

Date: _____

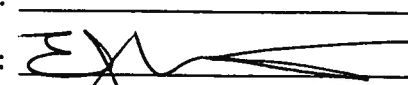
Signature: 

Approved ☒

Denied ☐

Reason for Denial:

College President or Designee: _____

Signature: 

Date: 3-3-14

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