

CLOVIS COMMUNITY COLLEGE

REQUEST FOR APPEAL OF A DENIED EQUIVALENCY PETITION

Name of Petitioner: _____

Discipline for which Petitioner is Requesting Equivalency: _____

Minimum Qualifications:

DATE OF EQUIVALENCY COMMITTEE REVIEW: _____

DATE OF NOTIFICATION TO DEAN OF INSTRUCTION (*must be within three working days of Equivalency Committee review*): _____

DATE OF NOTIFICATION TO EQUIVALENCY PETITIONER: _____

DATE OF RECEIPT OF APPEAL BY ACADEMIC SENATE PRESIDENT (*must be within five working days of notification by Dean of Instruction*): _____
If the petitioner is unable to adequately respond within this period, he/she may request additional time from the Chair of the Equivalency Committee.

PLEASE ATTACH A COPY OF THE ORIGINAL PETITION FOR EQUIVALENCY, PLUS ANY ADDITIONAL RELEVANT INFORMATION THAT SHOULD BE TAKEN INTO CONSIDERATION. To expedite the process, the appeal should contain substantially more information or support than was provided to the Equivalency Committee.

The appeal will be considered by the Academic Senate Executive Committee at their next scheduled meeting. At the discretion of the Senate President, the appeal may be considered by the Executive Committee prior to their next scheduled meeting by other means (for example, electronic vote).

The decision of the Academic Senate Executive Committee will be final.