

**Palomar College – Part-time Faculty Equivalency**

(This form is to be completed by the Department Chair.)

Applicant Name: \_\_\_\_\_ Proposed start date: \_\_\_\_\_

Department: \_\_\_\_\_ Discipline: \_\_\_\_\_

Please list courses that you propose the applicant teach:

Course Number	Course Title

Are these courses for credit or non-credit?  Credit  Non-credit

Please state the reasons you (the department chair) believe the candidate meets the minimum qualifications required to teach courses in this discipline.

Please list the names of all discipline experts (department faculty) consulted in the completion of this form:

\_\_\_\_\_

Name of Department Chair: \_\_\_\_\_

Signature of Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_