

# MSJC Decision Form for Equivalency Academic Senate Equivalency Committee Review

**Equivalency discipline:**

**Applicant's Name:**

**Meeting Time and Location:**

By including my signature below I acknowledge that I have participated in the equivalency process and support the decision made as a member of the Academic Senate Equivalency Committee.

Name	Signature	Date

**Action Taken:**

**Summary of meeting and rationale for decision:**

*Return original, signed form(s) to Human Resources. Submitted by the chair of the committee, on behalf of the Academic Senate.*