

NEW YORK CITY COLLEGE OF TECHNOLOGY
OF THE CITY UNIVERSITY OF NEW YORK

APPLICATION FOR A DOCTORAL EQUIVALENCY
Refer to Instructional Staff Handbook, Sec. IV, pp. 28-32

Date _____

I. Personal Data:

- a. Name
- b. Department

II. Education (list all colleges attended)

<u>College/University</u>	<u>Degree</u>	<u>Major</u>	<u>Awarded</u>	Date Degree completed	# of credits toward highest degree (if degree not yet earned)
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III. Professional Licenses (include admission to the Bar)

<u>Name of License</u>	<u>License No.</u>	<u>Date Awarded</u>	<u>State</u>
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IV. Experience (include day and evening experience at New York City Technical College)

a. Teaching Experience (please list in chronological order)

<u>School or College</u>	<u>Dates of Employment</u>	<u>Subjects Taught</u>	<u>Rank</u>
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b. Educational Supervision of Administration

<u>School or College</u>	<u>Date of Employment</u>	<u>Rank</u>	<u>Title Description</u>	<u>Job</u>
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c. Other than Education

Firm

Employment

Title

Job Description

Application for a Doctoral Equivalency - continued

3/4

V. Achievements and Recognized Contributions to One's Field:

Application for Doctoral Equivalency - continued

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Committee on Appointments Report

At its meeting of _____ 20_____, the Committee on Appointments for the Department of _____ took the following action by a vote of _____ - _____ - _____ on the Equivalency Application of _____.

Recommended

Not Recommended

The Committee's evaluation of this application is as follows:

(Please comment on all appropriate criteria)

Chair's Signature _____

Date _____

1/03