



Stony Brook University

Department of English  
Graduate Program

**REQUEST FOR EXPERIENTIAL LEARNING : EGL 688**

Name \_\_\_\_\_

Program (MA, MAT, Ph.D) \_\_\_\_\_

ID: \_\_\_\_\_

Project Director \_\_\_\_\_

Term: \_\_\_\_\_ Number of Credits (0-3) \_\_\_\_\_

Description of Project: Include title, reading list, number of papers, etc. Attach extra pages if needed.

Project Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Program Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_