



Stony Brook University

Department of English  
Graduate Program

**REQUEST FOR INDEPENDENT STUDY: EGL 599 or 615**

Name \_\_\_\_\_

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

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

Semester/Year of Study \_\_\_\_\_

SB ID# \_\_\_\_\_

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

Approve \_\_\_\_\_ Not Approved \_\_\_\_\_ Project Director \_\_\_\_\_ Date \_\_\_\_\_

Approve \_\_\_\_\_ Not Approved \_\_\_\_\_ EGL Grad Dir. \_\_\_\_\_ Date \_\_\_\_\_

Approve \_\_\_\_\_ Not Approved \_\_\_\_\_ MAT Grad. Dir. \_\_\_\_\_ Date \_\_\_\_\_