## REQUEST FOR COURSE EQUIVALENCE

Stanford University Creative Writing Program Margaret Jacks Hall, bldg. 460 rm. 223

Name:		Date:	<del></del>
Email:	Stu	dent ID #:	
Course Information			
Number & Title:	Te	rm:	<del></del>
Number of class meet	ings per week:		
Course requirements	(paper, exams):		<u></u>
	ings per week:		
Reason for course sul	ostitution:		
· ·	r the Stanford Universit h in the English Departr	y Creative Writing Minor: nent)	
Number & Title:		Term:	
*Submit this form to	the Creative Writing Pro	gram Office*	
Approved	Denied	/	<del></del>
Creative Writing Prog	ram Director: Signature	/ Date	