



**National Society for
Experiential Education**

learning in action

Experiential Education Academy Program
Application for Participation

Name: _____

Institution: _____

Title/Position: _____

Address: _____

Telephone: _____ Fax: _____

E-Mail: _____

Please give a brief description of the duties you perform at your institution:

Please give a brief description of how the EEA will benefit you professionally and personally.

Signature: _____ Date: _____

Submit completed application to NSEE:
19 Mantua Road, Mt. Royal, NJ, 08061, Telephone: 856-423-3427, Fax: 856-423-3420,
E-mail: nsee@talley.com