Individual Learning Agreement

Please return to:
The Office of Academic Services
211 Administration Building
Phone: (615) 322-8400
Hours: Monday-Friday 7:30 am-4:30 pm
Fax: (615) 322-8401

Student Information (all fields required):
Full Name:
Student ID # (e.g. 000162030):
Classification: Undergraduate: Y/N Freshman___ Sophomore____ Junior___ Senior___ Professional: Y/N
Anticipated Date of Graduation: Aug____ Dec____ May____ (Year) 20____
Major/Dept: __________________________________________ Program/Track: __________________________________________
Instructor: ____________________________ Phone: (______)_______-________
VU Email Address: __________________________________________
Mailing Address: __________________________________________

To be completed by the student before registering for individualized course experiences such as: readings and research, independent study, practicum, thesis or dissertation writing, or field work. If extra space is needed, supply attachments.

<table>
<thead>
<tr>
<th>Course Title: (i.e. the project name for your Independent Study – 45 characters max)</th>
<th># of credit hours</th>
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</thead>
<tbody>
<tr>
<td>Subject area: (i.e. HOD, PSY-PC, etc)</td>
<td>Course number: (i.e. 3860, 7960, etc)</td>
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Instructor: (Please PRINT first and last name. Instructor must be a full-time faculty member)

Describe the nature and location of your individualized learning experience:

Learning objectives:
Criteria for summative evaluation (format and location for submission):

Deadline for submission of evaluation material:

Specify the arrangements, frequency, and location of meetings with the instructor:

Student’s Name & Signature

Date

Full-time Vanderbilt Faculty’s Name & Signature

Date

Director of Undergraduate/Graduate Studies’ Name & Signature

Date

OAS Use Only

OAS Signature

Date