Individual Learning Agreement

Please return to:
The Office of Academic Services
215 Peabody Administration Building
Phone: (615) 322-8400
Hours: Monday-Friday 7:30am-4:30 pm
Web: peabody.vanderbilt.edu/admin-offices/oas/index.php

Student Information (PRINT CLEARLY; 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) ___

Major/Program: __________________________ Major Track(s), if applicable:

Email Address: ____________________________ @vanderbilt.edu

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>
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<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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<tr>
<th>Subject area: (i.e. HOD, PSY-PC, etc)</th>
<th>Course number: (i.e. 3860, 7960, etc)</th>
<th>Semester and year</th>
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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 Studies’ or Director of Graduate Studies’ Name & Signature
Date

**OAS Use Only**

__________________________________________
OAS Signature
Date