

Please return to:
The Office of Academic Services

211 Administration Building
Hours: Monday-Friday 7:30am-4:30 pm

Phone: (615) 322-8400
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) 201___

Major/Dept: _____ **Program/Track:** _____

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.

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

Describe the nature and location of your individualized learning experience:

Learning objectives:

Please return to:

The Office of Academic Services

211 Administration Building

Hours: Monday-Friday 7:30am-4:30 pm

Phone: (615) 322-8400

Fax: (615) 322-8401

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