Individual Learning Agreement

Please return to:
The Office of Records and Registration
216 Administration Building
Phone: (615) 322-8400
Hours: Monday-Friday 7:30am-4:30 pm
Fax: (615) 322-8401

Student Information (all fields required):

Full Name: ________________________________________________________________

Student ID # (e.g., 162030): ________________________________________________

Classification: Undergraduate Y/N Freshman___ Sophomore___ Junior___ Senior___
Professional Y/N

Anticipated Date of Graduation: (Month) Aug___ Dec___ May___ (Year) 20_____

Department: ___________________________ Program/Major(s): 

Phone: (_____ )_________ - __________________

Email Address: ______________________________________________________________

Mailing Address: _____________________________________________________________

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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 Number, Title, & Hours: _________________________________________________________

Instructor: _______________________________________________________________________

Semester: Spring___ Summer ___ Fall ___ Year: 20____

Describe the nature and location of your individualized learning experience:

Learning objectives:

Describe your specific responsibilities:
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

Full-time Vanderbilt Faculty’s Name & Signature

Director of Undergraduate/Graduate Studies’ Name & Signature

Peabody Registrar’s Name & Signature