Individual Learning Agreement

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:

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:

<table>
<thead>
<tr>
<th>Student’s Name &amp; Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time Vanderbilt Faculty’s Name &amp; Signature</td>
<td>Date</td>
</tr>
<tr>
<td>Director of Undergraduate/Graduate Studies’ Name &amp; Signature</td>
<td>Date</td>
</tr>
<tr>
<td>Peabody Registrar’s Name &amp; Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>
Individual Practicum Contract

Name: ___________________________ Home Telephone: ___________________________
Address: ____________________________
Business Telephone: ____________________________
Position(s) for which you are preparing: ____________________________

__________________________________________________________________________

Semester: __________ Year: ________ Semester Hours: ________
Instructor: ____________________________

Field Supervisor: _______________ Position: ____________________________

Practicum Site (Organization and Location): _________________________

Outline the specific activities you plan to carry out:

1. _________________________________________________________________

2. _________________________________________________________________

3. _________________________________________________________________

4. _________________________________________________________________

5. _________________________________________________________________

6. _________________________________________________________________

Briefly state the overall contribution you expect this practicum to make toward your professional development:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
Identify the specific outcomes (knowledge, skills, attitudes) you hope these activities will enable you to achieve:

1. ________________________________________________________________
2. ________________________________________________________________
3. ________________________________________________________________
4. ________________________________________________________________
5. ________________________________________________________________
6. ________________________________________________________________

How do you expect to document your success in achieving these outcomes?

1. ________________________________________________________________
2. ________________________________________________________________
3. ________________________________________________________________
4. ________________________________________________________________
5. ________________________________________________________________

Student’s Signature __________________________ Date ______________
Instructor’s Signature __________________________ Date ______________
Field Supervisor’s Signature __________________ Date ______________
Supervisor’s Mailing Address ____________________________
E-mail Address __________________________ Telephone Number ______________

NOTE: For each semester hour of Peabody College credit, students are required to put a minimum of 45 clock hours into the practicum at times to be arranged.