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:

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>
</table>

<table>
<thead>
<tr>
<th>Full-time Vanderbilt Faculty's Name &amp; Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Director of Undergraduate/Graduate Studies’ Name &amp; Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Peabody Registrar’s Name &amp; Signature</th>
<th>Date</th>
</tr>
</thead>
</table>