

Individual Learning Agreement /  
Independent Study Form

Student Information (*PRINT CLEARLY; all fields required*):

**Full Name:** \_\_\_\_\_ **Student ID #** (e.g. 000162030) \_\_\_\_\_

**Classification:** Undergraduate: FR\_\_\_\_ SO\_\_\_\_ JR\_\_\_\_ SR\_\_\_\_  
Professional: M.Ed.\_\_\_\_ M.P.P.\_\_\_\_ Ed.D.\_\_\_\_ Non-degree\_\_\_\_

**Anticipated Date of Graduation:** Aug\_\_\_\_ Dec\_\_\_\_ May\_\_\_\_ (year) 20\_\_\_\_

**Major/Program:** \_\_\_\_\_ **Major Track(s), if applicable:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_@vanderbilt.edu

**Independent Study/Directed Research Policies:**

1. Students must be in good academic standing
2. Students must arrange the independent study with a full time Vanderbilt faculty member who has agreed to supervise and grade this experience.
3. Registration for an independent study will not be allowed after the registration change period has ended.
4. Students may not repeat independent study courses for grade replacement.
5. The content of the independent study/directed research must not be the same as a regularly offered course. Study must include substantial research or reading in an area not covered in the regular offerings of that department.

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<b>Course Title:</b> (the project name for your independent/directed study – <u>45 characters max</u> ; this can be whatever you and your supervisor agree upon, and it will appear on your transcript)		<b># of credit hours</b>
<b>Subject area:</b> (i.e. HOD, PSY-PC, etc)	<b>Course number:</b> (i.e. 3860, 7960, etc)	<b>Semester and Year</b> (i.e. Fall 2020)
<b>Instructor:</b> (Please PRINT first <u>and</u> last name. Instructor must be a full-time faculty member)		

**Describe the nature of your individualized learning experience** (Be as specific as possible, including a brief description of the project/placement, and any required readings and assignments):

**Describe your specific responsibilities:**

**Learning objectives:**

**Basis for determination of final grade** - Please provide a specific and detailed description of how your faculty supervisor will evaluate your contribution in this experience. This could be regular benchmarks or assignments to be completed throughout and/or a final project, presentation, literature review, or exam.

**Deadline for submission of evaluation material(s):**

**Specify the arrangements, frequency, and location of meetings with the supervisor:**

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Student's Name & Signature

Date

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Full-time Vanderbilt Faculty's Name & Signature

Date

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Director of Undergraduate Studies' (undergrads) OR Program Director's (professionals) Name & Signature

Date

**OAS Use Only**

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OAS Signature

Date

**Please return to:**

The Peabody Office of Academic Services

215 Peabody Administration Building  
peabodyacademicservices@vanderbilt.edu

Phone: (615) 322-8400