

Community Placement Comprehensive Exam Application



Name: _____

Date: _____ Student ID #: _____

Advisor: _____

Comprehensive Exam Fulfills:

Breadth Depth

Semester of Comprehensive Exam: _____

Community Organization of Comprehensive Exam: _____

Organization Address: _____

Organization Phone Number: _____

On-site Supervisor: _____

On-site Supervisor Email: _____

Does the organization require a Vulnerable Sector Check?

Date Completed: _____

Comprehensive Exam Committee:

Supervisor: _____

Affiliation and Rank: _____

Reason for Choice: _____

Member 2: _____

Affiliation and Rank: _____

Reason for Choice: _____

Rationale for Comprehensive Selection and Organization Selection (How does your choice fit into your program of study/ career goals?):

Proposed work plan (This should include a summary of the agreement made with your on-site supervisor and an academic work time line and relevant milestones):

What are the goals of the comprehensive exam? This section should include why the student chose this organization and also how the student can use this experience to expand or deepen their understanding of the field)

Relevant bodies of literature :