CAPSTONE PROJECT FORM

This form must be submitted to the CIPA Office no later than the end of the first semester of the fellow’s second year. (December 1st for fall admission start date and May 1st for spring admission start date.)

Name ______________________________________________________________

Address ______________________________________________________________

Phone ______________________________________________________________

E-Mail ______________________________________________________________

Project Title __________________________________________________________

By signing here, the instructor confirms that the CIPA Fellow is enrolled and participating in the Capstone Project:

Signature of Capstone Instructor ________________________________________

Printed Name of Capstone Instructor ______________________________________

Date _________________________________________________________________