CIPA MPA PROFESSIONAL REPORT PRELIMINARY FORM

Name  
Address  
Phone  
E-Mail  
Cornell ID#  
Project Title:  

Approval

By signing here, the advisor acknowledges that the project outlined by the above-named Fellow meets the academic standards of CIPA.

Signature of faculty advisor  
Printed name of advisor  
Date  

By signing here, the client organization supervisor confirms that the project outlined by the above-named Fellow meets the professional expectations of client organization. Approval to undertake the project is hereby granted. The supervisor also acknowledges that it is permissible for a copy of this professional report to be archived at CIPA and reviewed by a CIPA faculty member.

Signature of supervisor  
Printed name of supervisor  
Phone/e-mail of supervisor  
Date  

Fellows: This form, along with a project description, must be submitted to the CIPA Office no later than the end of the first semester of your second year. (December 1st for fall admission start date and May 1st for spring admission start date.)

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