

CIPA M.P.A. PROFESSIONAL REPORT APPROVAL FORM

Name _____

Address _____

Phone _____

E-Mail _____

Cornell ID# _____

SS# _____

Project _____

Approval

By signing here, the advisor acknowledges that the above-named fellow has completed a professional report for the Master of Public Administration degree that meets the academic standards set forth by CIPA. Approval of the professional report is hereby granted.

Signature of faculty advisor _____

Printed name of advisor _____

Date _____

By signing here, the client organization supervisor acknowledges that the project outlined by the above-named fellow has completed a professional report that meets the standards set forth by the client organization. Approval of the professional report is hereby granted.

Signature of supervisor _____

Printed name of supervisor _____

Phone/e-mail of supervisor _____

Date _____

This form, along with a bound copy of the professional report and an electronic copy on CD, should be submitted to the CIPA office no later than two weeks before graduation.