

CIPA M.P.A. PROFESSIONAL REPORT PRELIMINARY FORM

Name _____

Address _____

Phone _____

E-Mail _____

Cornell ID# _____

SS# _____

Project _____

Approval

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

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 meets the professional standards set forth by the 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 _____

This form, along with a project description, must be submitted to the CIPA Office no later than the end of the first semester of the student's second year.