

CIPA THESIS APPROVAL FORM

Name _____

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Project _____

Approval

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

*Signature of thesis advisor _____

Printed name of advisor _____

Date _____

***If the thesis advisor is not a member of the Public Affairs Faculty, the fellow's academic advisor must also approve the thesis.**

*Signature of CIPA core advisor _____

Printed name of advisor _____

Date _____

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