

CIPA THESIS PROSPECTUS FORM

Name _____

Address _____

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Cornell ID# _____

SS# _____

Project _____

Approval

By signing here, the advisor acknowledges that the attached thesis prospectus meets the academic standards set forth by CIPA.

Signature of thesis advisor _____

Printed name of advisor _____

Date _____

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