

# CIPA MPA Professional Report Preliminary Form

Name

NetID

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

Date

Printed name of supervisor

Phone/email of supervisor

***Fellows: This form, along with a project description, must be submitted to the CIPA GFA Office no later than the end of the first semester of your second year.***