MPS ID Project Paper Approval Form

Name ____________________________________________________________
Address ____________________________________________________________
Phone ____________________________________________________________
E-Mail ____________________________________________________________
Cornell ID# ____________________________________________________________
Project Title: ____________________________________________________________

Approval

This is an acknowledgement that the above-named candidate has completed a thesis for the Master of Professional Studies degree that meets the academic standards set forth by the MPS program.

*Signature of thesis advisor _____________________________________________
Printed name of advisor _______________________________________________
Date _________________________________________________________________

*If the thesis advisor is not a member of the field of IARD/ID, the candidate’s academic advisor must also approve the thesis.

*Signature of MPS academic advisor ______________________________________
Printed name of advisor _______________________________________________
Date _________________________________________________________________

Candidates: This form, along with an electronic copy of the thesis, should be submitted to the GFA no later than two weeks before graduation.