



## Applied Policy Project Approval

This form is to be completed and submitted by the student to the MPP program office – GC 3050.

Due Date is October 15.

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Tentative Title of Applied Policy Project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Faculty Chair: \_\_\_\_\_

Community Partner (if any): \_\_\_\_\_

Supervisory Committee Member: \_\_\_\_\_

Supervisory Committee Member: \_\_\_\_\_

This project has been approved by the student's supervisory chair and approved by the faculty of the MPP:

Signature Faculty Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Program Director: \_\_\_\_\_ Date: \_\_\_\_\_