Lincoln University





STUDENT'S NAME (Last, First and Middle Name)				STUDENT I.D. NUMBER			
					@	lincolnucasf.edu	
TELEPHONE				E-MAIL			
	MMER	SPRING					
CURRENT TERM			YEAR	PERIOD F	OR INTERNSHIP		
FACULTY ADVIS	OR						
	ress. Stu	idents shou	ıld submit	it to the Re	rmation for each of ecords Office at the dit (NC) grade.		
	er) or be f	ore the en			f ore the end of Ma er Session) or befo		
A. Progress on Advisor Sign	-	-		•	•		
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B. Percentage of	f the wor	k completed	d	%			
C. Advisor Con	nment	[
Advisor Sign	ature/ Pi	int Name			Date:		
Received by the	Records	Office					
Stage 1: Signature / Print Name					Date:		
Stage 2: Sign	ature /Pr	int Name: _			Date:		

401 FIFTEENTH STREET, OAKLAND, CA 94612 Phone: (510) 628-8010 Fax: (510) 628-8012

Revised: 02/07/2017ukg