Lincoln University



BA 395— GRADUATE INTERNSHIP IN MANAGEMENT INFORMATION SYSTEM PROGRESS FORM

STUDENT'S NAME (Last, First, Middle Name)		STUDENT I.D. NUMBER	
			@lincolnucasf.edu
TELEPHONE		E-MAIL	
FALL SUMMER SPRING			
CURRENT TERM	YEAR	PERIOD FOR	R INTERNSHIP
FACULTY ADVISOR			
Faculty Advisors should fill in and the report progress. Students should below. Failure to submit this form	ould submit	it to the Reco	rds Office at the times stated
STAGE 1: Please fill in the below section A a Spring Semester) or before the e October (for Fall Semester).			
A. Progress on Report Preparation Advisor Signature/Print Name			
STAGE 2: Please fill in the below sections B (for Spring Semester) or before t end of November (for Fall Seme	he end of J		-
B. Percentage of the work complet	ted	<u>%</u>	
C. Advisor Comment			
Advisor Signature/ Print Name			Date:
Received by the Records Office			
Stage 1: Signature / Print Name			— Date:
Stage 2: Signature /Print Name:			— Date:

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