## Lincoln University

## BA 398 - MBA INTERNSHIP PROPOSAL APPROVAL FORM



STUDENT NAME (Last, First, Middle Name)	irst, Middle Name) STUDENT I.D. NUMBER			ER
	@lincolnuc		@lincolnuca	sf.edu
TELEPHONE	E-MAIL			
	FALL	SUMMER	SPRING	
CONCENTRATION	CUI	RRENT TERM		YEAR
	FALL	SUMMER	SPRING	
PERIOD FOR INTERNSHIP	EXPECTE	D GRADUATIO	N TERM	YEAR
1. PROPOSED TITLE AND BRIEF DESCRIPTION (	OF THE RESEARCH			
2. INTERNSHIP POSITION AND A BRIEF DESCRI	PTION OF YOUR DU	TIES		
3. DESCRIBE HOW THE INTERNSHIP DUTIES ST CONCENTRATION	TATED ABOVE ARE	RELATED WIT	TH YOUR	
4 24 4 5 6 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				
4. NAME OF PROPOSED ADVISOR				
Advisors for the MBA Internship Reports (BA 39 available for the term (see catalog or website). If yo not available, please consult the Director of Grad get a printed synopsis of the MBA Internship Report If you decide to change your advisor or switch from get approval from the Chief Academic Officer.	u cannot select an adv uate Programs or the ort requirements from	visor or the persection Chief Acader the Admissions	on selected on selected on selected on and Record	by you is Please Is Office.
5. STUDENT'S SIGNATURE				
(Student's Signature/Print Name)			Date	2
6. I AGREE TO ADVISE AND GRADE THE THESIS	S.			
(Advisor's Signature/ Print Name)			Date	2

## 7. ARE YOU CHANGING YOUR ADVISOR OR TOPIC?

Revised: 04/06/2017ukg

YES NO

If "NO", please get your advisor's signature (#6), and submit this form to the Director of Graduate Programs or the Chief Academic Officer.

If "YES", please schedule an appointment for approval of change(s) to your selected advisor and/or title of the internship company, fill in this form, get the necessary signatures (#6 and #7b), and then submit this form to the Director of Graduate Programs or the Chief Academic Officer.

a. WHO IS YOUR CURRENT ADVISOR AND WHY DO YOU INTEND TO SWITCH ADVISORS?				
b. I AGREE TO RELEASE THE STUDENT TO	O ANOTHER ADVISOR.			
(Signature/Print Name)		Date		
c. I DO NOT AGREE TO RELEASE THE STU	DENT TO ANOTHER ADVISOR. (	Please explain.)		
(Signature/Print Name)		Date		
COMMENTS / REMARKS:				
APPROVED BY THE DIRECTOR OF GRADU	ATE PROMRAMS OR THE CHIE	F ACADEMIC OFFICER		
(Signature/Print Name)		Date		
401 FIFTEENTH STREET, OAKLAND, CA 94612	phone: (510) 628-8010	fax: (510) 628-8012		

phone: (510) 628-8010