Lincoln University

BA 399 -MBA RESEARCH PROPOSAL APPROVAL FORM



| STUDENT NAME (Last, First, Middle Name) | | STUDENT I.D. NUMBER | | |
|--|--|--|--|--|
| | @lincolnucasf.edu | | sf.edu | |
| TELEPHONE | E-MAIL | | | |
| | FALL | SUMMER | SPRING | |
| CONCENTRATION | CURI | RENT TERM | | YEAR |
| | FALL | SUMMER | SPRING | |
| CURRENT CUMULATIVE GPA | EXPECTED | GRADUATIO | N TERM | YEAR |
| AREA OF RESEARCH | | | | |
| 1. PROPOSED TITLE AND BRIEF DESCRIPTION OF | F THE RESEARCH | | | |
| | | | | |
| | | | | |
| 2. NAME OF PROPOSED ADVISOR | | | | |
| Advisors for the MBA Research Projects (BA 399) sho for the term (see catalog or website). If you wish to s faculty, please provide his or her resume for the appr If you cannot select an advisor or the person selected Graduate Programs or the Chief Academic Officer. requirements from the Admissions and Records Offic BA 399 to BA 398, you need to register again and get | select an advisor who oval by the Lincoln Ud by you is not availate Please get a printed ce. If you decide to co | is not listed in Jniversity Chiable, please coll synopsis of change your ad | the universef Academic onsult the D the Research dvisor or sw | sity MBA c Officer. prector of th Project |
| 3. STUDENT'S SIGNATURE | | | | |
| (Student's Signature/Print Name) | | | Date | 2 |
| 4. I AGREE TO ADVISE AND GRADE THE THESIS. | | | | |
| (Advisor's Signature/ Print Name) | | | Date | e |

fax: (510) 628-8012

5. ARE YOU CHANGING YOUR ADVISOR OR TOPIC?

YES NO

If "NO", please get your advisor's signature (#4), and submit this form to the Program Director 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 thesis, fill in this form, get the necessary signatures (#4 and #5b), and then submit this form to the of 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 ANOTHER ADVISOR | OR. | | | |
| (Signature/Print Name) | Date | | | |
| c. I DO NOT AGREE TO RELEASE THE STUDENT TO ANOTHE | R ADVISOR. (Please explain.) | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| (Signature/Print Name) | Date | | | |
| COMMENTS / REMARKS: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| APPROVED BY THE DIRECTOR OF GRADUATE PROGRAMS O | OR THE CHIEF ACADEMIC OFFICER | | | |
| (Signature/Print Name) | Date | | | |

phone: (510) 628-8010

Revised: 04/06/2017ukg

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