

**LINCOLN UNIVERSITY**  
**401 FIFTEENTH STREET, OAKLAND, CA 94612**  
**phone: (510) 628-8010 fax: (510) 628-8012**

**PROGRESS FORM FOR THE MBA RESEARCH PROJECT (BA 399)**

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STUDENT'S NAME (first, last)

STUDENT I.D. NUMBER

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TELEPHONE

E-MAIL

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CONCENTRATION

CURRENT TERM (Fall, Spring, Summer/yy)

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AREA OF RESEARCH

PROPOSED ADVISOR

Students should get their proposed advisor's initials below at each stage of the project's progress, and **submit it to the Admissions and Records Office at the appropriate times stated below (three times during the semester)**. Failure to submit this form will result in the loss of the students' right to continue their projects, and they will be required to take the MBA Comprehensive Examination.

**1. BEGAN WORKING ON TOPIC SELECTION WITH PROPOSED ADVISOR \_\_\_\_\_**

Please confirm it and submit this form **before the end of February** (for Spring semester) or **before the end of September** (for Fall semester).

**2. PROGRESS ON TOPIC SELECTION \_\_\_\_\_**

Please confirm it and submit this form **before the end of March** (for Spring semester) or **before the end of October** (for Fall semester).

**3. TOPIC IS SELECTED AND APPROVED \_\_\_\_\_**

**4. PERCENTAGE OF THE WORK DONE \_\_\_\_\_ % \_\_\_\_\_**

**5. THESIS IS COMPLETED, CONFIRMED BY THE ADVISOR \_\_\_\_\_**

**6. PRESENTATION IS SCHEDULED \_\_\_\_\_**

**If the project has not been completed:**

**7. ADVISOR SUGGESTS CONTINUING THE PROJECT IN THE NEXT TERM \_\_\_\_\_ or**

**8. SWITCHING TO THE MBA COMPREHENSIVE EXAMINATION \_\_\_\_\_**

Please make the above confirmations **3 through 6 (7 or 8 if necessary)** and submit this form **before the end of April** (for Spring semester) or **before the end of November** (for Fall semester).

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ADVISOR'S SIGNATURE

STUDENT'S SIGNATURE

RECEIVED BY THE ADMISSIONS AND RECORDS OFFICE

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3-8. \_\_\_\_\_