## Lincoln University

## BA 398 - MBA INTERNSHIP REPORT PROGRESS FORM



STUDENT I.D. NUMBER STUDENT'S NAME (Last, First, Middle Name) @lincolnucasf.edu E-MAIL **TELEPHONE** FALL SUMMER SPRING CURRENT TERM CONCENTRATION ADVISOR AREA OF RESEARCH Faculty Advisors should fill in and sign on the below information for each of two stages of the project progress. Students should submit it to the Records Office at the times stated below. Failure to submit this form may result in a No Credit (NC) grade. STAGE 1: Please fill in the below section A and submit this form **before the end of March** (for Spring Semester) or before the end of June (for Summer Session) or before the end of October (for Fall Semester). A. Progress on Report Preparation: ☐ Satisfactory □ Unsatisfactory Advisor Signature: STAGE 2: Please fill in the below sections B, C and D or E, and submit this form before the end of April (for Spring Semester) or before the end of July (for Summer Session) or before the end of November (for Fall Semester). B. Percentage of the work completed:: ......% C. Presentation is schedule: No Yes D. If the project has not been completed during the term, Advisor suggests continuing the report in the next term .....or other (please explain) Advisor Signature Date: Received by the Records Office Stage 1: Signature Date: Stage 2: Signature Date:

401 FIFTEENTH STREET, OAKLAND, CA 94612 Revised: 01/27/2017ukg

Ref: R/IRPF/398

phone: (510) 628-8010

fax: (510) 628-8012

From:					CIN'	OLA A
		(Company Address)			$\psi_V$	ERST
То:	Lincoln University, Records Office 401, 15th St. Oakland, CA 94612 Email: internship@lincolnuca.edu Fax: 510-628-8012					
Re:		(Intern's Name)	Date: _			
		Intern's Evaluation				
studen the wo evaluat	ing the internship agreement, the head evaluated his/her job perforn rk. The company assigned a memberion of his/her performance at the cany Name	nance and the adequacy of his/hooer of its staff to supervise the incompletion of the internship per	er prepara ntern and riod.	ation fo is prov	or unde riding a	rtaking
_	any Address					
Intern Super	's Name	Title Title Title_				
	cale of <b>1 to 5</b> (1: unsatisfactory - 5: circle the applicable rating for each		in the fo	llowing	g catego	ories.
Intern	's professional skills/Proficiency	n/a1	2_	3	4	5
	's career readiness	n/a1	2	3	4	5
Intern	's workplace ethics	n/a1	2	3	4	5
Intern	's communication skills	n/a1	2	3	4	5

Comments

Overall satisfaction with intern

Revised: 07/30/2017/R ukg

\_\_\_\_\_n/a\_\_\_\_1\_\_\_2\_\_3\_\_\_4\_\_\_5\_\_\_