

Lincoln University



MBA INTERNSHIP PROPOSAL APPROVAL FORM

BA 398

Ref: AO/IPAF/398

STUDENT'S NAME-Last Name		First Name	Middle Name	STUDENT I.D. NUMBER	
				@lincolnucasf.edu	
TELEPHONE		E-MAIL			
		FALL	SPRING	SUMMER	
CONCENTRATION		CURRENT TERM			Year
		FALL	SPRING	SUMMER	
PERIOD FOR INTERNSHIP		EXPECTED GRADUATION TER			Year

1. PROPOSED INTERNSHIP COMPANY NAME AND ADDRESS

2. INTERNSHIP POSITION AND A BRIEF DESCRIPTION OF YOUR DUTIES

3. DESCRIBE HOW THE INTERNSHIP DUTIES STATED ABOVE ARE RELATED WITH YOUR CONCENTRATION

4. NAME OF PROPOSED FACULTY ADVISOR

Advisors for the MBA Internship Reports (BA 398) should be selected from the university MBA faculty available for the term (see catalog or website). If you cannot select an advisor or the person selected by you is not available, please consult the Program Director or the Chief Academic Officer. Please get a printed synopsis of the MBA Internship Report requirements from the Admissions and Records Office. If you decide to change your advisor or switch from BA 398 to BA 399, you need to register again and get approval from the Chief Academic Officer.

5. STUDENT'S SIGNATURE/ PRINT NAME

(Student's Signature / Print Name)

Date

6. I AGREE TO REVIEW AND GRADE THE REPORT.

(Advisor's Signature / Print Name)

Date

7. ARE YOU CHANGING YOUR ADVISOR OR INTERNSHIP? ____ YES ____ NO

If "NO", please get your advisor's signature (#6), 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 the internship company, fill in this form, get the necessary signatures (#6 and #7b), and then submit this form to the Program Director 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.

Signature / Print Name	Date
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c. I DO NOT AGREE TO RELEASE THE STUDENT TO ANOTHER ADVISOR. (Please explain.)

Signature /Print Name	Date
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COMMENTS / REMARKS:

APPROVED BY THE PROGRAM DIRECTOR OR THE CHIEF ACADEMIC OFFICER

Signature /Print Name	Date
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