

# Lincoln University



## BA 398 -MBA RESEARCH PROPOSAL APPROVAL FORM

<b>STUDENT NAME</b> (Last, First, Middle Name)	<b>STUDENT I.D. NUMBER</b>		
	<b>@lincolnucsf.edu</b>		
<b>TELEPHONE</b>	<b>E-MAIL</b>		
	<b>FALL</b>	<b>SUMMER</b>	<b>SPRING</b>
<b>CONCENTRATION</b>	<b>CURRENT TERM</b>		<b>YEAR</b>
	<b>FALL</b>	<b>SUMMER</b>	<b>SPRING</b>
<b>CURRENT CUMULATIVE GPA</b>	<b>EXPECTED GRADUATION TERM</b>		<b>YEAR</b>

### AREA OF RESEARCH

#### 1. PROPOSED TITLE AND BRIEF DESCRIPTION OF THE RESEARCH

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#### 2. NAME OF PROPOSED ADVISOR

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Advisors for the MBA Research Projects (BA 399) should be selected from the university MBA faculty available for the term (see catalog or website). If you wish to select an advisor who is not listed in the university MBA faculty, please provide his or her resume for the approval by the Lincoln University Chief Academic Officer. 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 Research Project requirements from the Admissions and Records Office. If you decide to change your advisor or switch from BA 399 to BA 398, you need to register again and get approval from the Chief Academic Officer.

#### 3. STUDENT'S SIGNATURE

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(Student's Signature/Print Name)	Date
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#### 4. I AGREE TO ADVISE AND GRADE THE THESIS.

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(Advisor's Signature/ Print Name)	Date
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**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 Program Director or the Chief Academic Officer.

**a. WHO IS YOUR CURRENT ADVISOR AND WHY DO YOU INTEND TO SWITCH ADVISORS?**

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**b. I AGREE TO RELEASE THE STUDENT TO ANOTHER ADVISOR.**

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(Signature/Print Name)

Date

**c. I DO NOT AGREE TO RELEASE THE STUDENT TO ANOTHER ADVISOR. (Please explain.)**

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(Signature/Print Name)

Date

**COMMENTS / REMARKS:**

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**APPROVED BY THE PROGRAM DIRECTOR OR THE CHIEF ACADEMIC OFFICER**

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(Signature/Print Name)

Date