

# Lincoln University



## BA 398 - MBA INTERNSHIP REPORT PROGRESS FORM

STUDENT'S NAME (Last, First, Middle Name) \_\_\_\_\_

STUDENT I.D. NUMBER \_\_\_\_\_

TELEPHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_@lincolnucaf.edu

CONCENTRATION \_\_\_\_\_

\_\_\_\_ FALL \_\_\_\_ SUMMER \_\_\_\_ SPRING \_\_\_\_  
CURRENT TERM YEAR

AREA OF RESEARCH \_\_\_\_\_

ADVISOR \_\_\_\_\_

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: \_\_\_\_\_ Date \_\_\_\_\_

### 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:    Yes            No

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: \_\_\_\_\_



From: \_\_\_\_\_ (Supervisor's Name)  
 \_\_\_\_\_ (Company Name)  
 \_\_\_\_\_  
 \_\_\_\_\_ (Company Address)

To: Lincoln University, Records Office  
 401, 15th St. Oakland, CA 94612  
 Email: [internship@lincolnuca.edu](mailto:internship@lincolnuca.edu)  
 Fax: 510-628-8012

Re: \_\_\_\_\_ (Intern's Name) Date: \_\_\_\_\_

### Intern's Evaluation

Lincoln University cares about its student's achievements in the internships and work experience. The form below provides the university evaluation requirements. Please return this form to us within 10 days after internship completion by postal mail, email, or fax at the addresses stated above.

Following the internship agreement, the host organization provided a specific work experience for the student and evaluated his/her job performance and the adequacy of his/her preparation for undertaking the work. The company assigned a member of its staff to supervise the intern and is providing a written evaluation of his/her performance at the completion of the internship period.

Company Name \_\_\_\_\_  
 Company Address \_\_\_\_\_  
 Industry Type \_\_\_\_\_  
 Intern's Name \_\_\_\_\_ Title \_\_\_\_\_  
 Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_  
 Contact Person's Name \_\_\_\_\_ Title \_\_\_\_\_

On a scale of **1 to 5** (1: unsatisfactory - 5: excellent), please rate the intern in the following categories. Please circle the applicable rating for each category.

Intern's professional skills/Proficiency	_____	n/a	_____	1	_____	2	_____	3	_____	4	_____	5	_____
Intern's career readiness	_____	n/a	_____	1	_____	2	_____	3	_____	4	_____	5	_____
Intern's workplace ethics	_____	n/a	_____	1	_____	2	_____	3	_____	4	_____	5	_____
Intern's communication skills	_____	n/a	_____	1	_____	2	_____	3	_____	4	_____	5	_____
Overall satisfaction with intern	_____	n/a	_____	1	_____	2	_____	3	_____	4	_____	5	_____

Comments: