

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

PROGRESS FORM FOR THE MBA INTERNSHIP REPORT (BA 398)

STUDENT'S NAME (first, last)	STUDENT I.D. NUMBER
TELEPHONE	E-MAIL
CONCENTRATION	CURRENT TERM (Fall, Spring, Summer/yy)
PERIOD FOR INTERNSHIP	PROPOSED REPORT REVIEWER

Students should get their proposed reviewer's initials below at each stage of the report'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 complete their reports, and they will be required to take the MBA Comprehensive Examination.

1. INTERNSHIP PLACE AND REPORT REVIEWER ARE SELECTED _____

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 REPORT PREPARATION _____

IF THE STUDENT HAS NOT SELECTED A REVIEWER BY THE MIDDLE OF MARCH (FOR SPRING SEMESTER) OR THE MIDDLE OF OCTOBER (FOR FALL SEMESTER), HE/SHE MUST DROP BA 398, REGISTER FOR AN EXTRA 3-UNIT ELECTIVE GRADUATE COURSE BEFORE SPRING/FALL RECESS, AND TAKE THE MBA COMPREHENSIVE EXAMINATION.

Please submit this form **before the recess**.

3. PERCENTAGE OF THE WORK DONE _____ % _____

4. REPORT IS COMPLETED, CONFIRMED BY THE REVIEWER _____

5. PRESENTATION IS SCHEDULED _____

If the report has not been completed:

6. REVIEWER SUGGESTS CONTINUING THE REPORT IN THE NEXT TERM _____ or

7. SWITCHING TO THE MBA COMPREHENSIVE EXAMINATION _____

Please make the above confirmations **3 through 5 (6 or 7 if necessary)** and submit this form **before the end of April** (for Spring semester) or **before the end of November** (for Fall semester).

REVIEWER'S SIGNATURE	STUDENT'S SIGNATURE
----------------------	---------------------

RECEIVED BY THE ADMISSIONS AND RECORDS OFFICE

1. _____ 2. _____ 3-7. _____