

# BA 394 – Graduate Internship in Human Resources Management Course Syllabus

## **Course Description:**

Internship of work experience in the field of concentration with evaluation by the employer and an academic advisor, a detailed report of the work to be submitted for grading (1-4 units).

*Prerequisite: Records Office Permission*

## **Course Learning Objectives:**

1. Demonstrate the mastery of completed MBA coursework in the concentration area.
2. Application of academic learning to the practical problems and situations of a business workplace.
3. Training in professional report writing under supervision.
4. Development of professional-level problem assessment skills, with experience in making professional recommendations.

Please note that a choice of a job under this internship course, and therefore the report's topic, must be related to the student's area of concentration.

You must work with a faculty advisor selected from the attached list. This advisor will require periodic consultations, no less than once a month during the semester, to keep aware of your progress and of the sufficiency of the work being done. Those contacts should be done face-to-face, or at the minimum by e-mail, so that the physical product of your efforts can be directly viewed and evaluated.

The below internship report format should be followed by all students, which will be used by your faculty advisor to assess your descriptive and analytical skills, and issue a grade for the course:

- Title Page
- Internship supervisor letter (employer)
- Table of Contents
- Table of Figures/Tables/Etc. if appropriate
- Section I: Introduction
  - a. Focus of the report
  - b. Description of the industry or field
  - c. Industry background and history
  - d. Company description and background
- Section II: My Role in the Company
  - a. Responsibilities
- Section III: Findings and Recommendations
- Bibliography
- Appendices

# LINCOLN UNIVERSITY

## BA 394 – GRADUATE INTERNSHIP IN HUMAN RESOURCES MANAGEMENT APPROVAL FORM

NAME: \_\_\_\_\_  
Last / Family Name First / Given Middle

STUDENT ID: \_\_\_\_\_ SEMESTER: \_\_\_\_\_  
Fall / Spring / Summer, Year

PROPOSED ADVISOR (See the attached list and select): \_\_\_\_\_

THE NUMBER OF INTERNSHIP UNITS FOR THIS SEMESTER: \_\_\_\_\_ UNITS

INTERNSHIP COMPANY NAME AND ADDRESS:

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INTERNSHIP POSITION AND A BRIEF DESCRIPTION OF YOUR DUTIES:

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STATE YOUR REASON(S) FOR AND OBJECTIVE(S) OF TAKING THIS INTERNSHIP:

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STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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### THE UNIVERSITY USE ONLY

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments / Remarks: \_\_\_\_\_

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Approved: Records Office \_\_\_\_\_ Date: \_\_\_\_\_

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## Graduate Internship Advisor List (Spring 2013)

<b>BA 391 (International Business)</b>	<b>BA 392 (Finance Management)</b>	<b>BA 393 (General Business)</b>	<b>BA 394 (Human Resources Management)</b>	<b>BA 395 (MIS)</b>
Dr. Sergey Aityan	Dr. Sergey Aityan	Dr. Sergey Aityan	Dr. Arthur Ashurov	Dr. Sergey Aityan
Dr. Alexander Anokhin	Dr. Marshall Burak	Dr. Alexander Anokhin	Dr. Pete Bogue	Dr. Leonid Romanyuk
Dr. Arthur Ashurov	Dr. Dorothy Sanford	Dr. Arthur Ashurov	Dr. Tesfaye Ketsela	Dr. Walter Kruz
Dr. Pete Bogue	Prof. Dan Sevall	Dr. Pete Bogue	Dr. Marshall Burak	Prof. Dan Sevall
Dr. Marshall Burak		Dr. Marshall Burak	Dr. Walter Kruz	
Dr. Mike Guerra		Dr. Mike Guerra	Dr. Tamar Larsen	
Dr. Aharon Hibshoosh		Dr. Aharon Hibshoosh	Dr. Mike Guerra	
Dr. Tesfaye Ketsela		Dr. Tesfaye Ketsela	Dr. Bill Hess	
Dr. Walter Kruz		Dr. Walter Kruz		
Dr. Tamar Larsen		Dr. Tamar Larsen		
Prof. Dan Sevall		Prof. Dan Sevall		
Dr. Bill Hess		Dr. Bill Hess		

Revised: December 12, 2012

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phone: (510) 628-8010 fax: (510) 628-8012

**PROGRESS FORM FOR GRADUATE INTERNSHIP IN  
HUMAN RESOURCES MANAGEMENT (BA 394)**

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

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 (twice during the semester)**. Failure to submit this form will result in the loss of the students' right to complete their reports, and the credit for the internship will not be given.

**1. PROGRESS ON REPORT PREPARATION** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Please submit this form **before the spring/fall recess**.

**2. PERCENTAGE OF THE WORK DONE** \_\_\_\_\_ % \_\_\_\_\_

**3. REPORT IS COMPLETED, CONFIRMED BY THE REVIEWER** \_\_\_\_\_

**IF THE REPORT HAS NOT BEEN COMPLETED BY THE END OF APRIL / NOVEMBER:**

**4. NO CREDIT WILL BE GIVEN TO THE STUDENT FOR THE INTERNSHIP IN THIS SEMESTER** \_\_\_\_\_

Please make the above confirmations **2 through 3 (or 4)** and submit this form **before the end of April** (for Spring semester) or **before the end of November** (for Fall semester).

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<b>REVIEWER'S SIGNATURE</b>	<b>STUDENT'S SIGNATURE</b>	<b>DATE</b>
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**RECEIVED BY THE ADMISSIONS AND RECORDS OFFICE**

**1.** \_\_\_\_\_ **2-3 (or 4).** \_\_\_\_\_