LINCOLN UNIVERSITY 401 FIFTEENTH STREET, OAKLAND, CA 94612

BA 298 —INTERNSHIP IN BUSINESS

PROPOSAL APPROVAL FORM

| STUDENT'S NAME (Last Name, First Name) | STUDENT I.D. NUMBER |
|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TELEPHONE | E-MAIL |
| CURRENT TERM (Fall, Spring, Summer / Year) | PERIOD FOR INTERNSHIP |
| 1. INTERNSHIP COMPANY NAME AND ADDR | ESS |
| | |
| 2. INTERNSHIP POSITION AND A BRIEF DESC | CRIPTION OF YOUR DUTIES |
| | |
| 3. NAME OF PROPOSED FACULTY ADVISOR | |
| available for the term (see catalog or website). If you | should be selected from the university graduate faculty cannot select an advisor, or if the person selected by you sident. If you decide to change your advisor, you need to t/ President. |
| 4. STUDENT'S SIGNATURE | |
| (Student's Signature and Date) | |
| 5. I AGREE TO REVIEW AND GRADE THE RE | PORT. |
| (Advisor's Signature and Date) | |

6. ARE YOU CHANGING YOUR ADVISOR OR INTERNSHIP? YES NO If "NO", please get your advisor's signature, get approval from Admissions and Records office, and submit it to the Registrar's Office. If "YES", please schedule an appointment for approval of change(s) to your selected advisor and the internship company, fill in this form, get the necessary signatures (#5 and #6b), get approval from Admissions and Records office, and then submit it to the Registrar's Office. 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 and Date) c. I DO NOT AGREE TO RELEASE THE STUDENT TO ANOTHER ADVISOR. (Please explain.) (Signature and Date) **COMMENTS / REMARKS:** APPROVED BY THE RECORDS OFFICE

(Signature and Date)

(Signature and Date)

APPROVED BY THE REGISTAR OFFICE