

LINCOLN UNIVERSITY
401 FIFTEENTH STREET, OAKLAND, CA 94612

**BA 384 — GRADUATE INTERNSHIP IN HUMAN RESOURCES
MANAGEMENT**

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 ADDRESS

2. INTERNSHIP POSITION AND A BRIEF DESCRIPTION OF YOUR DUTIES

3. NAME OF PROPOSED FACULTY ADVISOR

Advisors for the Graduate Internship in Human Resources Management (BA 384) should be selected from the university graduate faculty available for the term (see catalog or website). If you cannot select an advisor, or if the person selected by you is not available, please consult the Dean/ Provost/ President. If you decide to change your advisor, you need to register again and get approval from the Dean/ Provost/ President.

4. STUDENT'S SIGNATURE

(Student's Signature and **Date**)

5. I AGREE TO REVIEW AND GRADE THE REPORT.

(Advisor's Signature and **Date**)

6. ARE YOU CHANGING YOUR ADVISOR OR INTERNSHIP? YES NO

If “NO”, please get your advisor’s signature (#5), get approval on this form from the 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 on this form from the 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**)

APPROVED BY THE REGISTRAR OFFICE

(Signature and **Date**)