## LINCOLN UNIVERSITY 401 FIFTEENTH STREET, OAKLAND, CA 94612

## BA 386 — GRADUATE INTERNSHIP IN MARKETING 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 ADDR	ESS
2. INTERNSHIP POSITION AND A BRIEF DESC	CRIPTION OF YOUR DUTIES
3. NAME OF PROPOSED FACULTY ADVISOR	
university graduate faculty available for the term (see	Management (BA 386) should be selected from the catalog or website). If you cannot select an advisor, or if consult the Dean/ Provost/ President. If you decide to et approval from the Dean/ Provost/ President.
4. STUDENT'S SIGNATURE	
(Student's Signature and <b>Date</b> )	
5. I AGREE TO REVIEW AND GRADE THE RE	PORT.
(Advisor's Signature and <b>Date</b> )	

## 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 <b>Date</b> )
c. I DO NOT AGREE TO RELEASE THE STUDENT TO ANOTHER ADVISOR. (Please explain.)
(Signature and <b>Date</b> )
COMMENTS / REMARKS:
APPROVED BY THE RECORDS OFFICE
(Signature and Date)
APPROVED BY THE REGISTAR OFFICE
(Signature and <b>Date</b> )