LINCOLN UNIVERSITY 401 FIFTEENTH STREET, OAKLAND, CA 94612

BA 484 — GRADUATE INTERNSHIP AND REPORT IN HUMAN RESOURCES MANAGEMENT

PROPOSAL APPROVAL FORM

STUDENT'S NAME (Last Name, First Name)	STUDENT I.D. NUMBER
STUDENT'S NAIME (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	
selected from the university graduate faculty available select an advisor, or if the person selected by you is not yell the yell of the	inance Management and Investment (BA 492) should be ble for the term (see catalog or website). If you cannot ot available, please consult the Dean/ Provost/ President. egister again and get approval from the Dean/ Provost/
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 (#5), get approval on this form from the Dean/ Provost/ President, 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 Dean/ Provost/ President, and then submit it to the Registrar's Office.

a. WHO IS TOOK CORRENT ADVISOR AND WITI DO TOO 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 REGISTAR OFFICE (Only for student initial registration of BA 484)
(Signature and Date)
APPROVED BY THE DEAN OF BUSINESS STUDIES/ PRESIDENT
(Signature and Date)

RO: 06/06/2024