

Food Biotechnology Program
Faculty of Biotechnology, Assumption University
Qualifying Examination Form

Student's Name: _____ **ID:** _____

Program (check one): Ph.D. Type 1.1 Type 1.2
 Type 2.1 Type 2.2

Title of Dissertation: _____

Committee members:

- 1. _____ (Chair)
- 2. _____
- 3. _____
- 4. _____
- 5. _____

- By signing this form, the QE Committee agreed that the student listed above is

- Pass
- Pass with the following condition:

- Not pass with option to retake within _____ days.
- Not pass

- The student must submit this form, a copy of the approved thesis, to the Biotechnology Faculty Office within _____ days after the examination date.

QE Committee Signatures:

(Given on _____)

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External committee (Chair)

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Committee member

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Committee member

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Committee member

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Advisor