Food Biotechnology Program
Faculty of Biotechnology, Assumption University
Thesis Approval Form

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

Program (check one): M.Sc. track ☐ Food Biotechnology ☐ Food Bioentrepreneur
☐ Plan A type A1 ☐ Plan A type A2 ☐ Plan B

Title of Thesis:_____
_____

Committee members:

1. _____
2. _____
3. _____
4. _____

- By signing this form, the Thesis Committee agrees that the thesis of the student listed above is ☐ Pass ☐ Not pass ☐ Pass with the following condition:

_____
_____
_____
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_____
_____

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

Thesis Committee Signatures: _____
(Given on_____) ( )
External committee

_____

( )

Internal committee

_____

( )

Thesis advisor

_____

( )

Thesis co-advisor