

Food Biotechnology Program
Faculty of Biotechnology, Assumption University
Thesis Proposal 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 proposal of the student listed above is Pass Not pass Pass with the following condition:

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

Thesis Committee Signatures: _____

(Given on _____) (_____)

External committee (Chair)

(_____)

Internal committee

(Continue)

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Thesis advisor

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Thesis co-advisor