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: __________________________________________
________________________________________________________________________

Committees:
1. (Chair)
2. _____________________________________________________________
3. _____________________________________________________________
4. _____________________________________________________________

• 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______________) (_______________)
Chair of the committee

(_______________)
Committee member

(_______________)
Advisor