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

Student’s Name: ___________________________________________________________ ID: ______

Program (check one): M.Sc. □ Plan A type A1 □ Plan A type A2 □ Plan B

Title of Thesis: ____________________________________________________________________________

Committees:
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.