Food Biotechnology Program
Faculty of Biotechnology, Assumption University
Thesis Proposal 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 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__________) (__________)  
Thesis advisor

(__________)  
External committee

(__________)  
Internal committee