

**MASTER OF SCIENCE IN FOOD SCIENCE
APPLICATION FOR COMPREHENSIVE EXAMINATION**

Date of application:	
Name (Last, First, Middle Name):	
Student Number:	
Minor Degree:	
Scholarship (if any):	
Semester and academic year admitted in the program:	
Degree(s) completed:	
Contact details:	
UP email address	
others (if any)	
Telephone number and/or mobile number:	
Examination details:	
Type of examination: <i>(indicate if it is 1st or 2nd take)</i>	
Date of examination:	
Time and place of examination:	

This is to certify that the applicant has completed all the academic course requirements with a total of ____ units and a GWA of _____ (good standing*) for the Master of Science in Food Science.
(Signature, Date)
(Name)
College Secretary

COMMITTEE APPROVAL

Adviser:		
(Name)	(Signature)	(Date)
Co-adviser (if any):		
(Name)	(Signature)	(Date)
College /School/Institution		
Members:		
(Name)	(Signature)	(Date)
College /School/Institution		
(Name)	(Signature)	(Date)
College /School/Institution		
(Name)	(Signature)	(Date)
College /School/Institution		
Noted by:		
(Name)	(Signature)	(Date)
Department Chair		
(Name)	(Signature)	(Date)
MSFS Coordinator		

*** Minimum Grade Requirement**

(UP Mindanao MSFS institution – Approved by the BOR on 17 April 1997)

“To be in good standing, a student must maintain a minimum weighted average of 2.0. Evaluation of the student’s academic standing shall be done at the end of each year upon completion of 50% of the course requirements.”