

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

| | |
|---|--|
| Student Number: | |
| Name (Last, First, Middle Name): | |
| Degree Sought: | |
| Major: | |
| Minor: | |
| Scholarship: | |
| Semester admitted in the current program: | |
| School Year admitted in the current program: | |
| Degrees completed: | |
| | |
| Contact details | |
| UP email address: | |
| Telephone number and/or mobile number: | |
| Examination details | |
| Type of examination: ___ 1 st examination ___ 2 nd examination | |
| Date of examination: | |
| Time of examination: | |

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| This is to certify that the applicant has completed all the academic course requirements for the Master of Science in Food Science. |
| (Signature, Date) |
| (Name) |
| College Secretary |

COMMITTEE APPROVAL

| | | |
|-----------------------------|-------------|--------|
| Adviser: | | |
| (Name) | (Signature) | (Date) |
| Co-adviser: | | |
| (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 | | |