AMERICAN UNIVERSITY OF BEIRUT

FACULTY OF AGRICULTURAL AND FOOD SCIENCES

FORM 2

REPORT OF SUPERVISORY COMMITTEE
ORAL GENERAL EXAMINATION (COMPREHENSIVE)

To be completed in triplicate, all copies to be forwarded to the
Dean's Office within one week after completion of the examination

Name of Student: _____
(First Name) (Family Name) (Student #)

Major: _____

Expected Date of Graduation: _____

Date of Taking Above Examination: _____

Result of Examination: Satisfactory ☐

Unsatisfactory ☐

Supervisory Committee

	Name	Approval Signature
1.	_____ (Advisor)	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Date Submitted: _____

Date: _____ _____
Department Chairperson