

**AMERICAN UNIVERSITY OF BEIRUT**  
**FACULTY OF AGRICULTURAL AND FOOD SCIENCES**  
**FORM 3**

**REPORT OF SUPERVISORY COMMITTEE**  
**ORAL GENERAL EXAMINATION (THESIS DEFENSE)**

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: Nutrition

Expected Date of Graduation: \_\_\_\_\_

Date of Taking Above Examination: \_\_\_\_\_

Result of Examination: Satisfactory

Unsatisfactory

Supervisory Committee

|    | Name               | Approval Signature |
|----|--------------------|--------------------|
| 1. | _____<br>(Advisor) | _____              |
| 2. | _____              | _____              |
| 3. | _____              | _____              |
| 4. | _____              | _____              |
| 5. | _____              | _____              |

Date Submitted: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Department Chairperson