



**UNIVERSITY OF ARKANSAS AT PINE BLUFF**  
**Department of Aquaculture and Fisheries**

**Notification to Registrar of Thesis Completion**

This is to notify the Office of the Registrar that \_\_\_\_\_  
(print student's name)

did on \_\_\_\_/\_\_\_\_/\_\_\_\_ successfully complete the Thesis Requirement in the Master of  
(date-month/day/year)

Science Degree Program in the Department of Aquaculture and Fisheries.

(Print name)

(Signature)

\_\_\_\_\_  
(Committee chair)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Thesis copies (printed & PDF) received in AFREL  
(AFREL Research Associate)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Department Chair)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Graduate Coordinator)