UNIVERSITY OF ARKANSAS AT PINE BLUFF
Department of Aquaculture and Fisheries

Change of Graduate Committee Member

Student's Name: _____ Date: / / _____

Original Committee Member: _____

New Committee Member: _____

Describe the reason(s) for a change of the graduate committee member: _____

_____

_____

_____

(Print name)	(Signature)
_____	_____
(Original Committee Member)	
_____	_____
(New Committee Member)	
(Advisor)	
_____	_____
(Graduate Coordinator)	
_____	_____
(Department Chair)	

Form 06