



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

**Notification of Successful Completion of the Comprehensive Examination**

This is to notify the Office of the Registrar that \_\_\_\_\_  
(print students name)

did on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ successfully complete the Comprehensive Examination in the  
(date- month/day/yr)

Master of Science Degree Program in the Aquaculture/Fisheries Department.

Thesis Committee

(Print name)

(Signature)

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

\_\_\_\_\_

\_\_\_\_\_  
(Committee member)

\_\_\_\_\_

\_\_\_\_\_  
(Committee member)

\_\_\_\_\_

\_\_\_\_\_  
(Committee member)

\_\_\_\_\_

\_\_\_\_\_  
(Committee member)

\_\_\_\_\_