



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)

(Graduate Coordinator)

(Department Chair)
