



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

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

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

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

in the Graduate Program of the Department of Aquaculture and Fisheries.

Thesis Committee

(Print name)

(Signature)

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

**Form 09**