

UNIVERSITY OF ARKANSAS AT PINE BLUFF Department of Aquaculture and Fisheries

Change of Advisory 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