

**M.S. AQUACULTURE/AQUATIC SCIENCES
THESIS DEFENSE FORM**

DATE: _____

CATALOG OF RECORD: _____

STUDENT NAME: _____

SID#: _____

The Division of Aquaculture administers a combined oral Thesis Defense and Oral Comprehensive examination as part of the Division's Degree Completion Requirements. As a committee we the undersigned agree that the student has successfully passed this oral examination.

<u>Name</u>	<u>Approved (Signature)</u>	<u>Disapproved (Signature)</u>
1. _____ Principal Advisor	_____	_____
2. _____	_____	_____
3. _____	_____	_____

This document has been reviewed and approved for format compliance by:

Assistant Graduate Coordinator_____
Date

This report on Thesis Defense is accepted by:

Chair, Division of Aquaculture_____
Date