



In partial fulfillment of the requirements for the degree of

Master of Art/Master of Science
Full Name

Will defend **his/her/their** thesis

Title

Day of the week, Month Date, Year

Time

Location, Room/Zoom link

Faculty, students, and the general public are invited.

Supervisory Committee:

Dr. _____, Chair

Dr. _____, Member

Dr. _____, Member

Abstract

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