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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