In partial fulfillment of the requirements for the degree of

**Master of Art/Master of Science**

**Full Name**

Will defend his/her/their thesis
Will present his/her/their scientific paper

**Title**

**Day of the week, Month Date, Year**

**Time**

**Location, Room**

Faculty, students, and the general public are invited.

**Supervisory Committee:**

Dr. ____, Chair
Dr. ____, Member
Dr. ____, Member

**Abstract**

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