

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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