

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:

(e.g. Dr. \_\_\_\_, Chair)

(e.g. Dr. \_\_\_\_, Member)

(e.g. Dr. \_\_\_\_, Member)

**Abstract**

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