**Master of Education Thesis Defence**

**by \_\_\_\_\_\_\_\_\_, M. Ed. Candidate: *enter student’s full name here***

**Title:**

**Date:**

**Time:**  .

**Location:       (e.g. building & room #)**

**Supervisor:**

**Committee Members:**

 Please RSVP to: (insert instructor email address here) for the Zoom link if you wish to attend.

OR

Because seating is limited, please RSVP to: (insert instructor email address here)  if you wish to attend.

Abstract

Biography

*(forward completed announcement, approved by Thesis supervisor, a minimum of 2 weeks prior to the final defence, the Graduate Studies Office for distribution campus-wide)*