**Master of Music in Music Education Thesis Defence**

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

**Title:**

**Date:**

**Time:**  .

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

**Supervisor:**

**Committee Members:**

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 advisor, a minimum of 2 weeks prior to the final defence, to the Graduate Studies Office for distribution campus-wide)*