Accepted by the Graduate Faculty, Indiana University, in partial fulfillment of the requirements for the degree of Master of (Science or Arts).

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| Master’s Committee  Date of Defense – Month Day, Year | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Chairperson's name typed, Ph.D.)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Member’s name typed, post-nominal initials)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Member’s name typed, post-nominal initials) |