

Announces the Ph.D. Dissertation Defense of

**First Name Last Name**

for the degree of Doctor of Philosophy (Ph.D.)

“Dissertation Title”

Month Day, Year, Time a.m./p.m.

Building, Room #

777 Glades Road

Boca Raton, FL

DEPARTMENT:

Name of Dept.

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Name, Ph.D., Chair

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Abstract of dissertation

Dissertation Title

Abstract text here.

Biographical Sketch

Born in

B.S., School Name, City, State, or Country, Year

M.S., School Name, City, State, or Country, Year

Ph.D., Florida Atlantic University, Boca Raton, Florida, Year

Concerning Period of Preparation

& Qualifying Examination

**Time in Preparation: Year** - Year

**Qualifying Examination Passed: Semester** Year

**Published Papers:**