

**THE TITLE OF THE WORK CENTERED
IN CAPITAL LETTERS**

by

YOUR NAME CENTERED IN CAPITAL LETTERS

B.A., Undergraduate Institution, 2019
(insert your previous degrees, where obtained, year)

A Thesis Submitted to the
Faculty of the Graduate Program in Communication Sciences and Disorders
in Partial Fulfillment of the Requirements for the Degree of
Master of Science in Speech-Language Pathology

Approved:

(Type thesis advisor's name, degrees here)
Thesis Advisor

(Type thesis reader's name, degrees here)
Second reader

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MGH INSTITUTE OF HEALTH PROFESSIONS

Boston, Massachusetts
Month, 20__