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**TITLE OF THESIS**

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by

**NAME** (in CAPS)

**ESSAY**

Submitted to the Graduate School

of Wayne State University,

Detroit, Michigan

in partial fulfillment of the requirements

for the degree of

**MASTER OF SCIENCE**

YEAR

 MAJOR: MEDICAL PHYSICS

 Approved by:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Advisor Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Program Director Date

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by

NAME (in CAPS)

Month and year of commencement

Advisor:

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Year Award or Committee

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