**University of Central Arkansas**

**Department of Psychology and Counseling**

In partial fulfillment of the Requirements for the Degree of Doctor of Philosophy in Counseling Psychology

**(insert name)**

Will defend his/her doctoral dissertation

**(“dissertation title”)**

Advisor: (name)

**Date:** (date)

**Time:** (time)

**Place:** Mashburn Building Rm (room #)

Faculty, students, and the general public are invited to attend.

Abstract

(abstract)