[TITLE OF PAPER WILL

GO HERE IN ALL CAPS]

by

[Your name]

A THESIS

Submitted to the Faculty of the Stevens Institute of Technology

in partial fulfillment of the requirements for the degree of

[Degree designation (ex. MASTER OF SCIENCE)] – [Dept. (ex. MATHEMATICS)]

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

 [Your name], Candidate

 ADVISORY COMMITTEE

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

 [Name], Chairperson Date

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

 [Name], Advisor Date

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

 [Name] Date

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

 [Name] Date

STEVENS INSTITUTE OF TECHNOLOGY

Castle Point on Hudson

Hoboken, NJ 07030

[Year]