

FORM F2 Information for Final Defense Announcement

6100 Center Dr. Los Angeles, CA 90045 310-568-5600

Name (as you want it printed on the announcement)

CWID

Program

Brief Professional Biography (150 words or less), including current professional role(s) and/or position/organization

Title

Abstract (350 words or less)

Link to LinkedIn or Professional Page (if applicable)

Chair

First Name Last Name, Credential

Committee Members

First Name Last Name, Credential

First Name Last Name, Credential

First Name Last Name, Credential