

**ROCHESTER INSTITUTE OF TECHNOLOGY
COLLEGE OF ENGINEERING
Ph.D. PROGRAM IN MICROSYSTEMS ENGINEERING**

REQUEST TO TAKE THE CANDIDACY EXAM

Student Name _____

I request to schedule a Candidacy Examination on _____

Student's Signature Date

Advisor's Signature Date

Committee Signature Date

Committee Signature Date

Committee Signature Date

Committee Signature Date

Please submit completed form to the Microsystems Engineering Program Director

Program Director Date