

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

REQUEST TO SCHEDULE THE DISSERTATION DEFENSE

Student Name _____

I request to schedule my Dissertation Defense on _____

Dissertation Title _____

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 four weeks prior to proposed examination date.

Program Director Date