

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

**REQUEST TO TAKE THE QUALIFYING EXAM**

Student Name \_\_\_\_\_

I request to schedule a Qualifying 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