

**ROCHESTER INSTITUTE OF TECHNOLOGY
COLLEGE OF ENGINEERING**

REQUEST TO SCHEDULE THE DISSERTATION DEFENSE

Student Name _____

I request to schedule my Dissertation Defense on _____
Date Time

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 Program Director four weeks prior
to proposed examination date.

Program Director

Date