

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

**REQUEST TO TAKE THE QUALIFYING EXAM**

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

I request to take the Qualifying Examination scheduled for (year) \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Date

Please submit form to the Microsystems Engineering Program Office