

**ROCHESTER INSTITUTE OF TECHNOLOGY  
KATE GLEASON COLLEGE OF ENGINEERING**

**ADVISORY COMMITTEE FORMATION**

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

**Proposed Ph.D. Advisory Committee member names (signatures not required):**

Chair (Advisor)	Department
Committee member	Department
Committee member	Department
Committee member	Department
Committee member	Department (or Company)
Committee member	Department (or Company)

**Signatures:**

Student	Date
Advisor	Date

Please submit form to the KGCOE Doctoral  
program office [razeqa@rit.edu](mailto:razeqa@rit.edu)

Program Director	Date
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