

## Rochester Institute of Technology Kate Gleason College of Engineering

## **Graduate Independent Study Proposal**

Student name:	Student UID#	
Project Title:		
Faculty Advisor:		
Date of Application:	Semester:	
• -	d statement of Objective of Evaluation (e.g, 40% oral presentation)	-
PhD Student, Name	Signature	Date
Faculty Advisor, Name	Signature	Date

Signature

PhD Program Director, Name

Date