

**ROCHESTER INSTITUTE OF TECHNOLOGY
COLLEGE OF ENGINEERING****REQUEST TO SCHEDULE THE
Ph.D. CANDIDACY EXAM**

Student Name _____

I request to schedule a Ph.D. Candidacy Exam on (date) _____

Student's Signature_____
Advisor's Signature_____
Committee Signature_____
Committee Signature_____
Committee Signature_____
Committee Signature

Please submit completed form to the KGCOE Doctoral programs office
at razeqa@rit.edu

Program Director