

**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 Engineering Program Director four weeks prior to  
proposed examination date.

KGCOE Doctoral programs razeqa@rit.edu

\_\_\_\_\_  
Program Director

\_\_\_\_\_  
Date