

**ROCHESTER INSTITUTE OF TECHNOLOGY  
KATE GLEASON COLLEGE OF ENGINEERING  
REQUEST TO TAKE THE QUALIFYING EXAM**

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

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Please submit form to the KGCOE Doctoral Programs Office  
razeqa@rit.edu