

**ROCHESTER INSTITUTE OF TECHNOLOGY
COLLEGE OF ENGINEERING****REQUEST TO SCHEDULE THE
RESEARCH REVIEW MILESTONE MEETING**

Student Name _____

I request to schedule a Research Review Meeting on (date) _____

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
KGCOE Doctoral Program office razeqa@rit.edu

Program Director Date