

**ROCHESTER INSTITUTE OF TECHNOLOGY
KATE GLEASON COLLEGE OF ENGINEERING**

ADVISORY COMMITTEE FORMATION

Student Name: _____

Proposed Ph.D. Advisory Committee member names (signatures not required):

| | |
|------------------|-------------------------|
| Chair (Advisor) | Department |
| Committee member | Department |
| Committee member | Department |
| Committee member | Department |
| Committee member | Department (or Company) |
| Committee member | Department (or Company) |

Signatures:

| | |
|---------|------|
| Student | Date |
| Advisor | Date |

Please submit form to the KGCOE Doctoral
program office razeqa@rit.edu

| | |
|------------------|------|
| Program Director | Date |
|------------------|------|