



Kate Gleason College of Engineering

Mechanical and Industrial Engineering Ph.D.

**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