

ROCHESTER INSTITUTE OF TECHNOLOGY
OFFICE OF THE REGISTRAR
EASTMAN HALL (EAS), ROOM 1202
PHONE 585/475-2821
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Instructions

Complete this form to identify or change your Graduate Option in the Electrical Engineering program. This information will be used to assist in annual course planning and scheduling and will be reflected in your degree audit. It is important that any change be updated.

General Information

Please Type

University ID Number _____ Date ____/____/____

Name _____
Last First Middle

Requirement Term: _____ Program: G C O E Plan: EEEE - MS

Graduate Options

MS Option (sub-plans)

- Communications (COMM)
- Control Systems (CONTROLSYS)
- Digital Systems (DIGITAL)
- Electromagnetics/Microwaves (ELECTMICRO)
- Integrated Electronics (INTEGELEC)
- MEMS (Microelectromechanical Systems (MEMS))
- Robotics (ROBOTICS)
- Signal and Image Processing (SIGIMAGE)

Note: You must complete one Option to meet requirements for graduation.

Required Signatures

Graduate Director Signature

Print _____ RIT Email _____

Sign _____ Date _____

Student Signature

Print _____ RIT Email _____

Sign _____ Date _____

Registrar's Office Use Only

Date Received _____

Date Processed _____

Processed By _____

Reg - Concentration
Authorization/Change Form