



ROCHESTER INSTITUTE OF TECHNOLOGY
COLLEGE OF ENGINEERING
Ph.D. PROGRAM IN MICROSYSTEMS
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 Microsystems Engineering
Program Director Dr. Stefan Preble sfpeen@rit.edu

Microsystems Engineering PhD Program Director Date