

Ph.D. Research Committee Form

(Must be completed and returned to Graduate Administrative Assistant in the ECE office within the first year of starting PhD degree program prior to the diagnostic examination)

Ph.D. Student's Name:	ID #	
Matriculation Date (start date of Ph.D. Program): _		
Research Advisor:	ny memher)	
(must be a junt time wit i hob jucture	y member y	
Thesis Committee:		
members, at least one of which must be an ECE facul	egrees. The committee must consist of at least two (2) fac lty member and at least one which must be from outside usually selected by the student in consultation with the R coved by the Research Advisor.	the ECE
1 Name	ECE Department, WPI	
Name	Department/Company	
2		
Name	Department/Company	
3		
Name	Department/Company	
4		
Name	Department/Company	
Research Advisor Approval:		
Research Advisor Signature	Date	

Please Note:

Any changes made to your committee or Research Advisor after the completion of either the diagnostic or area exam must be approved by the ECE Graduate Program Committee.