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: _________________________________________________
(must be a full-time WPI ECE faculty member)

Thesis Committee:

All members of the committee must hold doctoral degrees. The committee must consist of at least two (2) faculty members, at least one of which must be an ECE faculty member and at least one which must be from outside the ECE department or from outside WPI. The Committee is usually selected by the student in consultation with the Research Advisor. All members of the committee must be approved by the Research Advisor.

1. _______________________________  _______________________________  _______________________________
   Name  ECE Department, WPI  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.