

Department of
ELECTRICAL AND COMPUTER ENGINEERING
REQUEST FOR TELECONFERENCING
(Sept, 2000)

_____ (Student) _____ (date)

e-mail address: _____

campus phone # _____

Date of Defense: _____

Date of Proposal: _____

Ph.D. Committee:

Reason for Request

Student signature _____ date _____

Advisor signature _____ date _____

Approved _____ date _____

(Department Head)