



RICE

Department of Philosophy

**QUALIFYING EXAM DECLARATION**

This form must be completed by the end of the student's fourth semester (spring of second year) and placed in the Graduate Administrator mailbox

**Student Name:** \_\_\_\_\_

**Qualifying Examination Committee Chair Name:**

\_\_\_\_\_

**Qualifying Examination Committee additional members:**

\_\_\_\_\_

\_\_\_\_\_

**Area of proposed Examination:** \_\_\_\_\_

**Proposed date of Examination:** \_\_\_\_\_

**Approval of Committee Chair (signature):**

\_\_\_\_\_

**Date** \_\_\_\_\_