

NOBTS Research Doctoral Programs Qualifying Examination Report

Date: _____

Student: _____ NOBTS-ID #: _____

Major: _____

Decision: Passed Failed

Recommendation: _____

Faculty Advisor (Signature): _____

Department Readers:

1. _____
2. _____
3. _____

Associate Dean of Research Doctoral Programs

Date

Instructions: The Faculty Advisor signs the form and lists department readers. The form is then forwarded to the Associate Dean of Research Doctoral Programs.

FOR REGISTRAR'S OFFICE

Please add the following to the student's transcript:

Course	Semester	Credit Hours	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Covered under cap: Yes No

Rev. date: 8/13/09