

**Doctor of Education (EdD) Program**  
New Orleans Baptist Theological Seminary  
**Oral Proficiency Examination Report**

Date: \_\_\_\_\_

Student \_\_\_\_\_

NOBTS-ID #: \_\_\_\_\_

Major: \_\_\_\_\_

Decision: \_\_\_\_ Passed \_\_\_\_ Failed

Guidance Committee Chairperson (Signature): \_\_\_\_\_

Guidance Committee 2<sup>nd</sup> Member: \_\_\_\_\_

Other faculty in attendance:

_____	_____
_____	_____
_____	_____

\_\_\_\_\_

**Director of Doctor of Education Program**

**Date**

Instructions: The Chairperson signs the form and indicates the other member of the committee. The form is then forwarded to the Director of Doctor of Education Program.

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FOR REGISTRAR'S OFFICE

Please add the following to the student's transcript:

Course	Semester	Credit Hour	Grade
<b>EDPE 9100</b>	<b>Spring</b>	<b>1</b>	<b>P</b>

Covered under cap: \_\_\_\_ Yes \_\_\_\_ No