Date: ________________

Student: ____________________________ NOBTS-ID #: _______________________

Major: ______________________________

Decision: ____ Passed  ____ Failed

Guidance Committee Chairperson (Signature): ________________________________

Guidance Committee 2nd Member: ________________________________

Other faculty in attendance: _____________________________________________
	
	

Associate Dean of Research Doctoral Programs                                    Date

Instructions: The Chairperson signs the form and indicates the other member of the committee. 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:

<table>
<thead>
<tr>
<th>Course</th>
<th>Semester</th>
<th>Credit Hours</th>
<th>Grade</th>
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Covered under cap:  Yes  No

Rev. date: 2/7/07