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:

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

Rev. date: 8/13/09