

**NOBTS Research Doctoral Programs
Oral Comprehensive Examination Report**

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:

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

Covered under cap: Yes No