



OFFICE OF THE GRADUATE PROGRAM

College of Social Sciences and Philosophy

University of the Philippines Diliman

CERTIFICATION OF LANGUAGE PROFICIENCY EXAMINATION RESULT

Date

The Dean
College of Social Sciences and Philosophy

This is to certify that I have administered a **Language Proficiency Examination** to Mr./Ms. _____ in the following area(s), with the following grades:

Subject/Area	Date Given	Grade (Pass/Fail)
(a) _____	_____	_____
(b) _____	_____	_____

Signature of Examiner over Printed Name

Action Taken:

- () Approved as fulfillment of the Language Proficiency Examination for the M.A./Ph.D. program in _____
- () Disapproved

Remarks: _____

Department Chair
Date: _____

Department Graduate Program Coordinator
Date: _____

Noted:

MA. LIZA RUTH A. OCAMPO, Ph.D.
Coordinator, CSSP Graduate Program

Date

Noted:

MARIA BERNADETTE L. ABRERA, Ph.D.
Dean, CSSP

Date