



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:

Table with 3 columns: Subject/Area, Date Given, Grade (Pass/Fail). Rows (a) and (b) with blank lines for input.

(Signature of Examiner above 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:

MARY ANN G. BACOLOD, Ph.D.
Coordinator, CSSP Graduate Program

Date

Noted:

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

Date