



**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 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:

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

Date

Noted:

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

Date