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Report on Language Examination

Student Name: _____

Student Identification No.: _____-____-_____

Department: _____

Major/Concentration: _____

Language(s): _____

Examination Performance: [] Satisfactory [] Unsatisfactory

If Unsatisfactory, state reasons and, if possible, date of rescheduled examination:

Three horizontal lines for providing reasons and dates for unsatisfactory performance.

Approval Signatures:

ADVISOR _____ DATE _____

DEPARTMENT DIRECTOR _____ DATE _____

DEAN OF GRADUATE STUDIES _____ DATE _____