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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 ACADEMICS \_\_\_\_\_ DATE \_\_\_\_\_