

CERTIFICATION OF FULFILLMENT OF LANGUAGE REQUIREMENT

Department of Political Science

UNIVERSITY OF CALIFORNIA, IRVINE

INSTRUCTIONS

1. Give this form to the person giving your exam.
2. Either you or the examiner should give the completed form to the Department Assistant for forwarding to the Graduate Director.
3. Be sure to get a completed copy and keep it in your files.

Student Name: _____
 Last First Middle

Language: _____

Date of Examination: _____

The student named above demonstrated sufficient competence in the language named above to meet University requirements.

Name of Examiner: _____

Signature: _____ **Date:** _____

Received and noted.

Graduate Director: _____ **Date:** _____