UC Irvine
Department of
Political Science

CERTIFICATION OF FULFILLMENT OF LANGUAGE REQUIREMENT

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

Student ID: _____ UCI Email: _____

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:** _____