Semester : Gasal/Genap (*coret yang tidak sesuai*)

Tahun Ajaran : 20…/20…

Hari / Tanggal : .................. /.............................................

Tempat : .................................................................

Waktu : ............................ s/d ........................ WIB

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| **NO.** | **NRP** | **NAMA MAHASISWA** | **TANDA TANGAN** |
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**Tim Pengarah:**

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| Hdhf | **NAMA** | **TANDA TANGAN** |
| KADEP |  |  |
| SEKDEP |  |  |
| KALAB 1 |  |  |
| KALAB 2 |  |  |
| DOSEN | 1 |  |
|  | 2 |  |