Bidang Keahlian : .................................................................

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

Tahun Ajaran : 20…/20…

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **NO.** | **NRP** | **NAMA MAHASISWA** | **TANDA TANGAN** |
| 1 |  |  |  |
| 2 |  |  |  |

Tim Penguji:

|  |  |  |
| --- | --- | --- |
| Hdhf | **NAMA** | **TANDA TANGAN** |
| Pembimbing | 1. |  |
|  | 2. |  |
| Anggota Penguji | 1. |  |
|  | 2. |  |