Yang bertanda tangan dibawah ini menyatakan dengan sesungguhnya bahwa :

Dosen PA : ............................................................

Jurusan / Program Studi : ............................................................D-3 / S-1 / S-2 \*)

Jumlah Mahasiswa : ............. Mhs

Kegiatan : KRS / SKPI / UTS / UAS / ......

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| **No** | **Nama** | **No. Pokok** | **IPS** | **IPK** | **sks** | **Catatan** | **Paraf** |
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\*). Coret yang tidak perlu Jakarta, .......,..................20.......

Dosen PA,

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