Semester : Gasal / Genap \*)

Tahun Akademik : 20.……/ 20..…….

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| **NO** | **NAMA PENGAWAS** | **UNIT KERJA** | **KARYAWAN** | | **KETERANGAN** |
| **ED.** | **NON ED.** |
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\*) Coret yang tidak perlu

ED : Edukatif Panitia Ujian Tengah Semester

Koordinator Pengawas,

(……………………………)