####  Semester : ……………. Tahun : 20... / 20…

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| FAKULTAS / JURUSAN | :  |  | Ruang | :  |
| KODE MATA KULIAH | :  |  | Tgl | :  |
| NAMA MATA KULIAH | :  | Kelas | : | Hari | :  |
| NAMA & NOMOR DOSEN | :  |  | Jam | : |
|  | :  |  | Hal. | :  |
| No | No. POKOK | NAMA  | TANDA TANGAN | Nilai ANGKA |  |
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| Paraf Dosen Ybs | Paraf Bid. AKAD | Paraf PULAHTA | Paraf PENGAWAS | JML. PESERTA |
|  |  |  |  | HADIR :ABSEN :BATAL : |