Semester : Gasal / Genap \*)

Tahun Akademik : 20..……/ 20……….

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| **NO** | **PUKUL** | **DOSEN/ASISTEN** | **MATAKULIAH** | **JML** | **RUANG** | **PENGAWAS** |
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Panitia Ujian Tengah Akhir Semester

Koordinator Pengawas,

(…………………………………..)