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| FAKULTAS : Teknik  Semester : Gasal / Genap  Tahun Akademik : ....................................... | | |  | | |
| **No.** | | **Bahasan / Permasalahan** | Tindakan Pemecahan Masalah | | **Penanggung jawab Tindak Lanjut** | **Batas Waktu** | |
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| Diperiksa & Disahkan oleh :  Dekan FTUP  ................................... | Dibuat oleh :  Ketua SJM  ................................... |