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| FAKULTAS : Teknik Semester : Gasal / GenapTahun 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................................... |