**FORMULIR PENGAJUAN DOSEN PEMBIMBING MAGANG**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| NO | NAMA KELOMPOK | NIM | NO. TELP/HP | JUDUL | TGL  PENGAJUAN | TGL LULUS | NILAI AKHIR |
|  | Ketua : |  |  |  |  |  |  |
| Anggota :   |  |  | | --- | --- | | 1 |  | | 2 |  | | 3 |  | | 4 |  | |  |  | |  |  |  |  |  |  |

Malang, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yang mengajukan,

( \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )