**UNIVERSITAS MUHAMMADIYAH SURAKARTA**

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**FAKULTAS ILMU KESEHATAN**

**PROGRAM STUDI KESEHATAN MASYARAKAT**

**Jl. A. Yani Pabelan Kartasura Tromol Pos I Surakarta 57102 Telp. (0271) 717417 ext 140-141Fax. 715448**

**KARTU KEHADIRAN SEMINAR**

**Nama : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Pas Foto

Ukuran

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**Alamat : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Judul Skripsi : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Pembimbing I : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pembimbing II : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **No** | **Tanggal** | **Nama Presenter** | **Judul Proposal Skripsi** | **Paraf****Pembimbing** |
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| **No** | **Tanggal** | **Nama Presenter** | **Judul Proposal Skripsi** | **Paraf****Pembimbing** |
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