No. : /UN1/FFA2/MFK/TR/2019

Lamp. : 1 buah Naskah Proposal Tesis

Hal : **Undangan Menguji Seminar Proposal Tesis**

Kepada Yth.

|  |  |  |
| --- | --- | --- |
| 1. |  | sebagai Ketua |
| 2. |  | sebagai Anggota |
| 3. | *(nama pembimbing utama)* | sebagai Anggota |
| 4. | *(nama pembimbing pendamping)* | sebagai Anggota |

Tim Penguji Proposal Tesis

Di tempat

Dengan hormat,

Sehubungan dengan penyelenggaraan Ujian Seminar Proposal Tesis Program Studi Magister Farmasi Klinik UGM, kami mohon kesediaan Bapak/Ibu untuk menjadi penguji seminar proposal tesis bagi mahasiswa yang tersebut dibawah ini :

|  |  |  |
| --- | --- | --- |
| Nama | : |  |
| NIM | : |  |
| Prodi | : |  |
| Judul proposal | : |  |

Dibawah bimbingan :

|  |  |  |
| --- | --- | --- |
| Pembimbing Utama  | : |  |
| Pembimbing Pendamping  | : |  |

Ujian Seminar Proposal Tesis akan diselenggarakan pada :

|  |  |  |
| --- | --- | --- |
| Hari / tanggal | : |  |
| Jam | : |  |
| Tempat  | : |  |

Atas kesediaan dan kerjasamanya kami ucapkan terima kasih.

Ketua Program Studi Magister Farmasi Klinik

Prof. Dr. Zullies Ikawati, Apt

NIP. 196812061993032001

NB: Mohon hadir berdasi

No. : /UN1/FFA2/MFK/TR/2019

Enclosure. : 1 copy of Thesis Proposal

Subject : **Invitation to be the Examiners of the Thesis Proposal Seminar**

To:

|  |  |  |
| --- | --- | --- |
| 1. |  | As a Chair |
| 2. |  | as a Member |
| 3. | *(name of the main advisor)* | as a Member |
| 4. | *(name of the supporting advisor)* | as a Member |

Thesis Proposal Thesis Team

Dear Madam/Sir,

Concerning to the Thesis Proposal Seminar Defense for Master Program in Clinical Pharmacy of Faculty of Pharmacy UGM, hereby we invite you to be one of the board of examiners of the thesis proposal seminar for the student below :

|  |  |  |
| --- | --- | --- |
| Name | : |  |
| Student’s Number | : |  |
| Study Program | : |  |
| Title of Proposal | : |  |

Under the guidance of :

|  |  |  |
| --- | --- | --- |
| First Advisor  | : |  |
| Second Advisor  | : |  |

The Thesis Proposal Seminar Defense will be held on:

|  |  |  |
| --- | --- | --- |
| Day / date | : |  |
| Time | : |  |
| Place  | : |  |

Thank you for your willingness and cooperation.

Head of Master Program in Clinical Pharmacy

Prof. Dr. Zullies Ikawati, Apt.

NIP.

P.S: Please wear a tie