**KARTU KEHADIRAN SEMINAR TESIS**

**PROGRAM MAGISTER FARMASI KLINIK**

**FAKULTAS FARMASI UGM**

 **(T – 12)**

Nama Mahasiswa/ *Student Name* :

NIM/ *Student Number* :

Tahun Akademik/ *Academic year* :

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| **No** | **Tanggal Seminar****/*Date*** | **Nama Presenter*****Name of Presenter*** | **Judul Tesis*****Title of Thesis*** | **Tanda Tangan****Ketua Penguji/*****Chairman Signature*** |
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