**KARTU KEHADIRAN SEMINAR TESIS**

**PROGRAM MAGISTER FARMASI KLINIK**

**FAKULTAS FARMASI UGM**

 **T - 12**

Nama Mahasiswa :

NIM :

Tahun Akademik :

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| **No** | **Tanggal Seminar** | **Nama Presenter** | **Judul Tesis** | **Tanda Tangan****Ketua Penguji** |
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