**Surat Pernyataan Ujian Terbuka / Seminar Tesis**

*Statement Letter for Open Thesis Defense / Thesis Seminar*

Yang bertanda tangan di bawah ini saya/ *This is to certify that* :

|  |  |  |
| --- | --- | --- |
| Nama/ *Name* | : |  |
| NIM/ *Student’s Number* | : |  |
| Judul Tesis/ *Title of Thesis* | : |  |

Menyatakan kesediaannya untuk melakukan/ *States his/her willingness to conduct* :

**Ujian Terbuka/Seminar Tesis paling lambat dilaksanakan Dua (2) Bulan Setelah Ujian Tertutup**

*Open Thesis Defense/Thesis Seminar is done at the latest Two (2) Months After the Closed Thesis Defense.*

Apabila terhitung dua bulan setelah ujian tertutup belum dapat dilaksanakan Ujian Terbuka/Seminar Tesis, kami sanggup melaksanakan Ujian Tertutup Ulang dengan segala konsekuensi tentang pelaksanaan Ujian tersebut yang timbul dibebankan kepada kami.

*If the student is unable to conduct Open Thesis Defense within two months after the closed thesis defense, he/she is willing to carry out reexam with all the consequences impose on us.*

Mengetahui/ Acknowledged by: : Yogyakarta,

Ketua Prodi Magister Farmasi Klinik Yang menyatakan kesediaan

Head of Master Program of Clinical Pharmacy Statement maker,

Prof. Dr. Zullies Ikawati, Apt.. .......................................................

NIP. NIM.