**KEMENTERIAN AGAMA**

**UNIVERSITAS ISLAM NEGERI (UIN) ALAUDDIN MAKASSAR**

**FAKULTAS TARBIYAH DAN KEGURUAN**

**PRODI ....................................................**

Kampus I: Jl. St. Alauddin No.63 Makassar Telp. : (0411) 868720 Fax: (0411)

Kampus II: Jl. H.M. Yasin Lompo No.36 Samata-Gowa Telp./FAX : (0411) 882682



**FORMULIR PENDAFTARAN**

**UJIAN KUALIFIKASI HASIL SKRIPSI**

Nama Lengkap : ........................……………………………………………..………………………………..

Tempat/Tanggal Lahir : ........................……………………………………………..………………………………..

Alamat : ........................……………………………………………..………………………………..

Nomor HP/e-mail : ........................……………………………………………..………………………………..

Suku Bangsa : ........................……………………………………………..………………………………..

NIM : ........................……………………………………………..………………………………..

Jurusan/Prodi : ........................……………………………………………..………………………………..

Jenis Kelamin : ........................……………………………………………..………………………………..

Judul Skripsi : ........................……………………………………………..………………………………..

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Bukti Pembayaran SPP : ........................……………………………………………..………………………………..

SK Ujian Kualifikasi Proposal : Nomor …..……Tanggal….…Bulan…………………....….Tahun…..….

IPK Sementara : IPK(S) = =

Persetujuan Ujian Kualifikasi

Hasil Skripsi : Tanggal …...… Bulan………………………….……Tahun 20...

Pembimbing : 1. …………………………………………………………..………………….....................

: 2. …………………………………………………………..………………….....................

Penguji : 1. …………………………………………………………..………………….....................

2. …………………………………………………………..…………………....................

Pelaksana : …………………………………………………………..………………........................…..

Samata-Gowa, ……..............…………… 20 .........

Mahasiswa,

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NIM