



FORMULIR PENGAJUAN UJIAN KUALIFIKASI LISAN
Doctoral Program Oral Examination Form

Nama : NIM :
(Name) (Student ID)
E-mail address : Program :
(Degree)
HP :
Program Studi :
(Study Program)
Hari : Tanggal :
(Day) (Date)
Tempat : Pukul :
(Place) (Time)

Komisi Pembimbing (Advisory Committee):

Ketua (Chairman) :
Anggota (Member) 1. :
2. :
3. :
4. :
Penguji Luar Komisi 1. :
(External Examiner) 2. :

Bogor,

Mengetahui
Ketua Program Studi,
Head of Study Program,

Ketua Komisi Pembimbing,
Chairman of Advisory Committee,

.....
NIP.

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NIP.