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|  | **PERMOHONAN UTS/UAS**  **SUSULAN** | **Q** |

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| No. Form |  | Distribusi | | | | |
| Tgl. Efektif |  |  |  |  |  |  |

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| FAKULTAS : Psikologi | PROGRAM STUDI : Psikologi |

Mahasiswa di bawah ini :

NAMA : ................................................................................................................................

NIM : ............................................. NO. HP : ................................................................

Makul : ................................................................................................................................

Dosen : ................................................................................................................................

Kelas : ........................ (kelas paralel pada kartu ujian)

Tidak dapat mengikuti UTS/UAS\* yang telah dijadwalkan, dengan alasan ........................................

Sebagai bahan pertimbangan kami lampirkan dokumen berupa (Surat Sakit/Surat Keterangan Meninggal Dunia/Surat Kegiatan Resmi/Bukti Eror System+Perizinan Dosen/Surat Pernyataan Mengikuti Hari Raya+KTP/R23 & R33: Surat Dinas+Bukti Pembayaran)\*

Atas izin Ibu Kami ucapkan terima kasih.

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| Mengetahui,  Ka.Prodi/Sek.Prodi\*  ( ............................................) | Yogyakarta,......................201\_\_  Orang Tua/Wali  ( ................................... ) |

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| **REKOMENDASI UJIAN SUSULAN\*)**  Saya yang bertanda tangan dibawan ini :   |  |  | | --- | --- | | Nama | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Jabatan | : Ka.Prodi/Sek.Prodi Psikologi |   Merekomendasikan untuk diselenggarakan UTS/UAS Susulan Semester Genap/Gasal T.A. 201\_/201\_ atas nama mahasiswa berikut ini:   |  |  | | --- | --- | | Nama | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | No. Mahasiswa | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Mata Kuliah | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Dosen  No. HP | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Alasan | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | | --- | | Yogyakarta, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mengetahui,  Ka.Prodi/Sek.Prodi\*  ( \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | |

\* pilih salah satu, \*TTD Ka.Prodi/Sek.Prodi dikosongi

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| **Formulir Khusus Kelas Malam/R23 dan Blended/R33**   |  |  | | --- | --- | | **C:\Users\Windows®7\Pictures\LOGO UMBY1.jpg** | **FORMULIR PEMBAYARAN UJIAN SUSULAN**  **T.A. 201\_\_/201\_\_ SEMESTER\_\_\_\_\_\_\_\_\_\_\_**  **FAKULTAS PSIKOLOGI**  **UNIVERSITAS MERCU BUANA YOGYAKARTA** | |

Nama : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NIM : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No. HP : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Biaya : Rp. 85.000,00 /SKS

Kelas : R23/R33\*

DAFTAR MATA KULIAH UJIAN SUSULAN

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| No. | Mata Kuliah | Dosen Pengampu | Kelas | Semstr | TTD | SKS | |
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| 2 |  |  |  |  |  |  | |
| 3 |  |  |  |  |  |  | |
| 4 |  |  |  |  |  |  | |
| 5 |  |  |  |  |  |  | |
| Jumlah SKS | | | | | | |  | |
| Jumlah Biaya yang harus dibayar | | | Rp. | | | | | |

Catatan :

1. Wajib diisi oleh mahasiswa
2. Pembayaran ke Keu harus sesuai dengan total pembayaran yang ada dalam formulir ini.
3. Melampirkan bukti atau kuitansi pembayaran

Yogyakarta, \_\_ \_\_\_\_\_\_\_\_\_ 201\_\_

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| --- | --- |
| Mengetahui,  TU Psikologi  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Mahasiswa  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |