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|  | **FORMULIR PENDAFTARAN UJIAN ULANG**  **T.A. 202\_\_/202\_\_ SEMESTER\_\_\_\_\_\_\_\_\_\_**  **FAKULTAS PSIKOLOGI**  **UNIVERSITAS MERCU BUANA YOGYAKARTA** |

****

No. Pendaftaran\*\*)

Nama :

NIM :

No. HP :

Biaya : Rp 90.000/SKS

Program Kelas : R11/R13/R23/R33\*\*\*)

DAFTAR MATA KULIAH UJIAN ULANG

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| --- | --- | --- | --- | --- | --- | --- | --- |
| No. | Mata Kuliah | Kelas  Matkul | Dosen Pengampu | ASN\*) | | Nilai ASN | SKS |
| 1 |  |  |  |  | |  |  |
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| 2 |  |  |  |  | |  |  |
|  | |  |
| 3 |  |  |  |  | |  |  |
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| 4 |  |  |  |  | |  |  |
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| 5 |  |  |  |  | |  |  |
|  | |  |
| Jumlah SKS | | | | | | |  |
| Jumlah biaya yang harus dibayar | | | | | Rp. | | |

Lampiran:

* 1. KHS Semester Berjalan
  2. Kartu Ujian Semester Berjalan
  3. Screenshot presensi termasuk identitas diri didalamnya

- Rangkap dua (2) khusus formulir ini saja

- Mata Kuliah Umum/Khas Univ langsung ke BOP (Khusus Mahasiswa Kampus 3)

- Mata Kuliah Umum/Khas Univ mahasiswa kampus 1 ke TU Fakultas Psikologi Kampus 1

Yogyakarta, \_\_ \_\_\_\_\_\_\_\_\_ 2024

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| Mengetahui,  Kepala Tata Usaha  \_\_a.n.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Mahasiswa  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

\* ASN ke berapa (1-8) maksimal hanya 2 ASN per makul

\*\* Diisi oleh TU

\*\*\* Coret salah satu