Form ini diunduh dan diisi oleh Koorprodi

Form T-4B Persetujuan Ujian Tesis

|  |  |
| --- | --- |
|  | KEMENTERIAN RISET, TEKNOLOGI DAN PENDIDIKANTINGGIUNIVERSITAS TIDAR**FAKULTAS KEGURUAN DAN ILMU PENDIDIKAN** Alamat :Jalan Kapten Suparman 39 Magelang 56116, Telepon. (0293) 364113,Faksimile (0293) 362438, Laman: [www.untidar.ac.id](http://www.untidar.ac.id), Surel: fkip@untidar.ac.id |

Yth. ......................................................

Mahasiswa Prodi Pendidikan Bahasa Indonesia

Program Magister Fakultas Keguruan dan Ilmu Pendidikan

Universitas Tidar

Di Magelang

Permohonan Saudara mengenai Ujian Tesis yang berjudul : ................................................................................................................................................................................................................................................................................................................................................................................................................................................................., kami setujui. Selanjutnya Ujian Tesis dilaksanakan pada:

hari : ...............................................................

tanggal : ...............................................................

pukul : ...............................................................

tempat : ................................................................

Adapun Penguji Tesis sebagai berikut.

Penguji I

Nama : .....................................................................

NIP/NIK : ......................................................................

Institusi : ......................................................................

Penguji II

Nama : .....................................................................

NIP/NIK : ......................................................................

Institusi : ......................................................................

Penguji III

Nama : .....................................................................

NIP/NIK : ......................................................................

Institusi : ......................................................................

Penguji IV

Nama : .....................................................................

NIP/NIK : ......................................................................

Institusi : ......................................................................

Magelang, ..........................20....

Koorprodi

Dr. Hari Wahyono, M.Pd.

NIK 196412301996103C086