 **UNIVERSITAS**

**Fakultas Kesehatan Masyarakat**

**Kampus Baru UI Depok 16424, Telp. (021)7864975 Fax. (021) 7863472**

**INDONESIA**

Veritas, Probitas, Justitia Est. 1849

**Formulir Persetujuan Turun Lapangan**

Kepada Yth.

Wakil Dekan

Fakultas Kesehatan Masyarakat

Di

FKM UI

Saya menerangkan bahwa mahasiswa bimbingan :

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

NPM : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Studi / Jenjang : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Peminatan : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telah mendapatkan surat lulus etik (Wajib: Lampirkan)

tanggal : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No. Surat : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telah diizinkan untuk pengambilan/pengumpulan data untuk penulisan skripsi / tesis/disertasi.

Atas perhatian dan kerjasama saudara, saya ucapkan terima kasih

Depok, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20

Mahasiswa Pembimbimg/Promotor

( ………………………………………… ) ( …………………………………………. )

**►**Perihal surat : (disertakan dengan judul/tema penelitian)

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**►** Data yang dibutuhkan :

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**►**Ditujukan ( disertakan alamatnya ) :

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**►**Tembusan **:**

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