 **UNIVERSITAS**

**Fakultas Kesehatan Masyarakat**

**Kampus Baru UI Depok 16424, Telp. (021)7864976**

 **INDONESIA**

 Veritas, Probitas, Justitia Est. 1849

**FORMULIR USULAN PERGANTIAN PEMBIMBING TUGAS AKHIR**

**Yth**

**Wakil Dekan Bidang Pendidikan, Penelitian & Kemahasiswaan**

**Fakultas Kesehatan Masyarakat Universitas Indonesia**

**Yang bertanda tangan dibawah ini :**

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

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

**Program Studi : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Judul Tugas Akhir : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Dengan ini menyatakan permohonan pergantian pembimbing tugas akhir dengan alasan :**

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**Adapun usulan perubahan sebagai berikut :**

|  |
| --- |
| **Pembimbing Sebelumnya** |
| **Nama Pembimbing** | **Ketua Departemen** |
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| **Pembimbing yang diusulkan** |
| **Nama Pembimbing** | **Ketua Departemen** |
|  |  |

**Diisi : Tanda tangan & Nama Jelas**

 **Depok, 20**

 **Mahasiswa**

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