**FORM REVISI UJIAN TERBUKA DISERTASI**

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| Nama | : |  |
| NIM | : |  |
| Program Studi  | : |  |
| Hari, Tanggal | : |  |
| Judul Disertasi | : |  |
| Revisi Ujian Terbuka Tanggal | : |  |

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| NO | TIM PENGUJI | REVISI (MASUKAN) | TTD |
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 Mengetahui

 Kepala S3-PSIK,

Prof. Dr. Soetrisno, dr., Sp.OG(K)

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