

**JADWAL IZIN PENELITIAN**

**DI LABORATORIUM…………………………………….**

**FAKULTAS BIOLOGI UGM**

NAMA MAHASISWA :

NIM :

BULAN: ………………………..

| **TGL** | **SENIN** | **\*** | **SELASA** | **\*** | **RABU** | **\*** | **KAMIS** | **\*** | **JUMAT** | **\*** |
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|  | **ISIKAN JAM PENELITIAN** |
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**\*= diisi oleh Kepala Laboratorium: v (apabila setuju atau) dan x (bila ditolak)**

**Catatan: Jadwal tidak berurutan, maksimal 4 jam, tidak melanggar jam istirahat.**

**Keterangan kegiatan di Laboratorium (wajib diisi):**

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 Yogyakarta,

Mengetahui dan Menyetujui

Dosen pembimbing/Promotor Pemohon

Nama Nama

NIP NIM

**Catatan Kepala Laboratorium:**

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Yogyakarta,

Menyetujui/Tidak Menyetujui

Kepala Laboratorium

Nama

NIP

FBIOUGM06072020