Form Kartu Rancangan Studi (KRS) Mahasiswa

Semester ................. TA ............/.............

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| Nama Mahasiswa | : .......................................................... | IP Semester Lalu | : .............. |
| NIM | : .......................................................... | IPK | : .............. |

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| No. | Kode Mata Kuliah | Nama Mata Kuliah | SKS | Pilih (√) |
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| Total SKS Yang Diambil | | |  | |

Mengetahui

Dosen Pembimbing Akademik Mahasiswa

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NIP.

Catatan : Harap menyerahkan salinan KHS pada saat konsultasi KRS dengan Dosen PA