**SURAT PERMOHONAN UJIAN SKRIPSI**

Yang bertanda tangan di bawah ini, saya :

Nama : ................................................................................................................

NIM : ................................................................................................................

Program Studi : ................................................................................................................

Mengajukan permohonan ujian Skripsi, yang mana saya telah memenuhi persyaratan sbb:

|  |  |  |
| --- | --- | --- |
| 1 | Lunas Administrasi Keuangan | MengetahuiBendahara STIKes Patria Husada Blitar( ................................................. ) |
| 2 | Tidak Mempunyai Pinjaman Alat Laboratorium  | MengetahuiKoor. Petugas Laboratorium( ................................................. ) |

Ujian Skripsi dilaksanakan pada:

Hari : .........................................................

Tanggal : .........................................................

Pukul : .........................................................

Judul Skripsi : ..............................................................................................................................

 ..............................................................................................................................

 ..............................................................................................................................

Mahasiswa,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 NIM.

|  |  |
| --- | --- |
| Pembimbing Skripsi I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NIK. | Pembimbing Skripsi II\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NIK. |
| Penguji Lahan\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NIK. | Penguji Institusi\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NIK. |

Mengetahui,

Ketua Program Studi Pendidikan Ners

STIKes Patria Husada Blitar

Yeni Kartika Sari, M.Kep

NIK. 180906024