**FAKULTAS FARMASI**

**UNIVERSITAS SANATA DHARMA**

**Akreditasi: Prodi S-1 Farmasi: A ; Prodi Profesi Apoteker: A ; Prodi S-2 Farmasi: Unggul**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PENGAJUAN KEGIATAN LAYANAN LABORATORIUM**

Mohon diselenggarakan kegiatan penunjang layanan laboratorium dalam bentuk kegiatan\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dengan perincian sebagai berikut:

|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **Nama Kegiatan** | **Indikator** | **Biaya** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |

Tingkat urgensi kegiatan : SANGAT URGENT

 URGENT

Demikian permohonan ini agar menjadi perhatian.

Yogyakarta, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Menyetujui,Kepala Laboratorium\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Laboran\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Dosen\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Lembar 1. Kepala Laboratorium

**FAKULTAS FARMASI**

**UNIVERSITAS SANATA DHARMA**

**Akreditasi: Prodi S-1 Farmasi: A ; Prodi Profesi Apoteker: A ; Prodi S-2 Farmasi: Unggul**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LAB02-05**

**LAB02-004**

**PENGAJUAN KEGIATAN LAYANAN LABORATORIUM**

Mohon diselenggarakan kegiatan penunjang layanan laboratorium dalam bentuk kegiatan\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dengan perincian sebagai berikut:

|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **Nama Kegiatan** | **Indikator** | **Biaya** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |

Tingkat urgensi kegiatan : SANGAT URGENT

 URGENT

Demikian permohonan ini agar menjadi perhatian.

Yogyakarta, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Menyetujui,Kepala Laboratorium\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Laboran\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Dosen\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Lembar 2. Laboran