**FAKULTAS FARMASI**

**UNIVERSITAS SANATA DHARMA**

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

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**PENGAJUAN KEGIATAN LAYANAN LABORATORIUM**

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

Dengan perincian sebagai berikut:

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| **No** | **Nama Kegiatan** | **Indikator** | **Biaya** |
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Tingkat urgensi kegiatan : SANGAT URGENT

URGENT

Demikian permohonan ini agar menjadi perhatian.

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

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

Lembar 1. Kepala Laboratorium

**FAKULTAS FARMASI**

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**LAB02-05**

**LAB02-004**

**PENGAJUAN KEGIATAN LAYANAN LABORATORIUM**

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

Dengan perincian sebagai berikut:

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Tingkat urgensi kegiatan : SANGAT URGENT

URGENT

Demikian permohonan ini agar menjadi perhatian.

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

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

Lembar 2. Laboran