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***FACULTY OF PHARMACY***

***SANATA DHARMA UNIVERSITY***

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

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Yang bertanda tangan di bawah ini menerangkan dengan sesungguhnya, bahwa mahasiswa:

Nama Mahasiswa : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NIM : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sudah melunasi kewajibannya pada unit-unit di lingkungan Fakultas Farmasi Universitas Sanata Dharma:

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| **No.** | **Unit** | **Nama** | **Tanda Tangan** |
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Demikian surat keterangan ini dibuat untuk dapat dipergunakan sebagaimana mestinya.

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Lembar 1 : Untuk keperluan Yudisium

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Lembar 2 : Mahasiswa