**FAKULTAS FARMASI**

**UNIVERSITAS SANATA DHARMA**

***FACULTY OF PHARMACY***

***SANATA DHARMA UNIVERSITY***

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

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***Excellent in Quality, Competitiveness, and Care (e-QCC)***

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**SURAT PERNYATAAN MAHASISWA TERKAIT PENELITIAN**

**PADA MASA PANDEMI COVID-19**

Yang bertandatangan di bawah ini,

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

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

Judul Penelitian Skripsi : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Menyatakan:

1. Bersedia menaati peraturan Laboratorium Farmasi USD dan mematuhi pengaturan penjadwalan pelaksanaan kerja.
2. Bersedia menaati semua prosedur seperti yang tertera dalam Prosedur Pengelolaan Penelitian Pada Masa Pandemi Covid-19.
3. Setiap akan bekerja dan selama bekerja di laboratorium dalam kondisi sehat (tidak menunjukkan gejala demam/batuk/pilek/gejala sakit tenggorokan), serta segera melaporkan diri ke petugas laboratorium jika mengalami gejala-gejala tersebut saat bekerja.

Apabila ada hal yang dilanggar saya bersedia menerima sanksi sesuai ketentuan yang berlaku.

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

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| Mengetahui,  Dosen Pembimbing Skripsi  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Hormat saya,  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |