# PRAKTIKUM
# PEMROGAMAN WEB
# TUGAS DESAIN



**Oleh:**

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**1 D4 Teknik Informatika A**

**3120600017**

**Listing form dan CSS**

```html
<!DOCTYPE html>
<html lang="en">
<head>
    <style>
        body{
            overflow-y: hidden;
            overflow-x: hidden;
            background-image: url(bg1.jpg);
        }
        thead{
            text-align: center;
        }
        th{
            border-right: 1px solid;
            border-bottom: 1px solid;
        }
        td{
            border-right: 1px solid;
            border-bottom: 1px solid;
        }
        thead th{
            border-right: 1px solid;
        }
        #card {
            background: #fbfbfb;
            border-radius: 8px;
            box-shadow: 1px 2px 8px rgba(0, 0, 0, 0.65);
            margin: 6rem auto 8.1rem auto;
            height: 735px;
            width: 490px;
        }

        #card-content {
            padding: 12px 44px;
        }
    </style>
    <meta charset="utf-8">
    <meta name="viewport" content="width=device-width, initial-scale=1">
    <link href="https://cdn.jsdelivr.net/npm/bootstrap@5.0.0-
beta2/dist/css/bootstrap.min.css" rel="stylesheet" integrity="sha384-
BmbxuPwQa2lc/FVzBcNJ7UAyJxM6wuqIj61tLrc4wSX0szH/Ev+nYRRuWlolflfl" crossorigin=
"an
onymous">
    <title>tugas pemrogaman web</title>
</head>
<body>
    <div id="card">
```

```html
        <div id="card-content">
            <div class="container">
                <div class="d-flex justify-content-center">
                    <div class="box">
                        <h3 class="text-center mb-5 text-uppercase" style="font-family: 'Times New Roman', Times, serif">Form Data Mahasiswa</h3>
                            <form action="pw_output.php" method="post">
                                <div class="row mb-3">
                                    <div class="input-group">
                                        <label for="colFormLabelSm" class="col-sm-3 col-form-label col-form-label-sm">Nama Depan</label>
                                        <input type="text" aria-label="First name" class="form-control" placeholder="Nama Depan" name="namadepan">

                                    </div>
                                </div>
                                <div class="row mb-3">
                                    <div class="input-group">
                                        <label for="colFormLabelSm" class="col-sm-3 col-form-label col-form-label-sm">Nama Belakang</label>
                                        <input type="text" aria-label="First name" class="form-control" placeholder="Nama Belakang" name="namabelakang">

                                    </div>
                                </div>
                                <div class="row mb-3">
                                    <label for="colFormLabelSm" class="col-sm-3 col-form label col-form-label-sm">NRP</label>
                                    <div class="col-sm-9">
                                        <input type="number" class="form-control form control-sm" name="nrp" placeholder="NRP">
                                    </div>
                                </div>
                                <div class="col mb-3">
                                    <label for="colFormLabelSm" class="col-sm-3 col-form label col-form-label-sm">Jenis Kelamin</label>
                                    <div class="form-check form-check-inline">
                                        <input class="form-check-input form-check-input-sm" type="radio" name="jeniskel" id="inlineRadio1" value="Laki - Laki">
                                        <label class="form-check-label" for="inlineRadio1">Laki - Laki
                                    </div>
                                    <div class="form-check form-check-inline">
```

```html
                                                    <input class="form-check-
input" type="radio" name="jeniskel" id="inlineRadio2" value="Perempuan">
                                                    <label class="form-check-
label" for="inlineRadio2">Perempuan</label>
                                                </div>
                                            </div>
                                        <div class="col mb-3">
                                            <label for="colFormLabelSm" class="col-sm-
3 col-form label col-form-label-sm">Jenjang Pendidikan</label>
                                            <div class="form-check form-check-inline">
                                                <input class="form-check-input form-
check-input-sm" type="radio" name="jenjang" id="inlineRadio1" value="D3">
                                                <label class="form-check-
label" for="inlineRadio1">D3</label>
                                            </div>
                                            <div class="form-check form-check-inline">
                                                <input class="form-
check input" type="radio" name="jenjang" id="inlineRadio2" value="D4">
                                                <label class="form-
check label" for="inlineRadio2">D4</label>
                                            </div>
                                        </div>
                                        <div class="row mb-3">
                                            <label for="colFormLabelSm" class="col-sm-
3 col-form-label col-form-label-sm">Jurusan</label>
                                            <div class="col-sm-9">
                                                <select class="form-select form-
select-sm" name="jurusan">
                                                    <option selected>Pilih Jurusan</op
tion>
                                                    <option value="Teknik Elektro">Tek
nik Elektro</option>
                                                    <option value="Teknologi Multimedi
a Dan Broadcasting">Teknologi Multimedia Dan Broadcasting</option>
                                                    <option value="Teknik Informatika"
>Teknik Informatika</option>
                                                    <option value="Teknik Mekatronika"
>Teknik Mekatronika</option>
                                                    <option value="Teknik Telekomunika
si">Teknik Telekomunikasi</option>
                                                </select>
                                            </div>
                                        </div>
                                        <div class="row mb-3">
                                            <label for="colFormLabelSm" class="col-sm-
3 col-form-label col-form-label-sm">Kelas</label>
                                            <div class="col-sm-9">
```

```html
                                                <select class="form-select form-
select-sm" name="kelas">
                                                    <option selected>Pilih Kelas</opti
on>
                                                    <option value="1 A">1 A</option>
                                                    <option value="1 B">1 B</option>
                                                    <option value="2 A">2 A</option>
                                                    <option value="2 B">2 B</option>
                                                    <option value="3 A">3 A</option>
                                                    <option value="3 B">3 B</option>
                                                    <option value="4 A">4 A</option>
                                                    <option value="4 B">4 B</option>
                                                </select>
                                            </div>
                                        </div>
                                        <div class="row mb-3">
                                            <label for="colFormLabelSm" class="col-sm-
3 col-form-label col-form-label-sm">Tahun Angkatan</label>
                                            <div class="col-sm-9">
                                                <select class="form-select form-
select-sm" name="angkatan">
                                                    <option selected>Pilih Tahun Angka
tan</option>
                                                    <option value="2021">2021</option>
                                                    <option value="2020">2020</option>
                                                    <option value="2019">2019</option>
                                                    <option value="2018">2018</option>
                                                    <option value="2017">2017</option>
                                                </select>
                                            </div>
                                        </div>
                                        <div class="row mb-3">
                                            <label for="colFormLabelSm" class="col-sm-
3 col-form label col-form-label-sm">Alamat</label>
                                            <div class="col-sm-9">
                                                <textarea class="form-
control" id="exampleFormControlTextarea1" name="alamat" rows="3"></textarea>
                                            </div>
                                        </div>
                                        <div class="mt-5 d-flex justify-content-
center">
                                            <input type="submit" value="Submit" class=
"btn btn-primary">
                                        </div>
                                    </form>
                                </div>
                            </div>
                        </div>
```

```
        </div>
    </div>
        <script src="https://cdn.jsdelivr.net/npm/@popperjs/core@2.6.0/dist/um
d/poppe
r.min.js" integrity="sha384-
KsvD1yqQ1/1+IA7gi3P0tyJcT3vR+NdBTt13hSJ2lnve8agRGXTTyNaBYmCR/Nwi" crossorigin=
"an
onymous"></script>
        <script src="https://cdn.jsdelivr.net/npm/bootstrap@5.0.0-
beta2/dist/js/bootstrap.min.js" integrity="sha384-
nsg8ua9HAw1y0W1btsyWgBklPnCUAFLuTMS2G72MMONqmOymq585AcH49TLBQObG" crossorigin=
"an
onymous"></script>
</body>
</html>
```

## Listing Output Form

```
<!DOCTYPE html>
<html lang="en">
<head>
    <style>
        body{
            overflow-y: hidden;
            overflow-x: hidden;
            background-image: url(bg1.jpg);
        }
        thead{
            text-align: center;
        }
        #data{
            text-align: left;
        }
        th{
            border-right: 1px solid;
            border-left: 1px solid;
            border-bottom: 1px solid;
        }
        td{
            border-right: 1px solid;
            border-bottom: 1px solid;
        }
        #foto{
            border-top: 1px solid;
        }
        thead th {
            border-right: 1px solid;
        }
```

```html
        img{
            width: 50%;
            height: 240px;
        }
        #card {
            background: #fbfbfb;
            border-radius: 8px;
            box-shadow: 1px 2px 8px rgba(0, 0, 0, 0.65);
            margin: 6rem auto 8.1rem auto;
            height: 510px;
            width: 490px;
        }
        #card-content {
            padding: 12px 44px;
        }
    </style>
    <meta charset="utf-8">
    <meta name="viewport" content="width=device-width, initial-scale=1">
    <link href="https://cdn.jsdelivr.net/npm/bootstrap@5.0.0-
    beta2/dist/css/bootstrap.min.css" rel="stylesheet" integrity="sha384-
    BmbxuPwQa2lc/FVzBcNJ7UAyJxM6wuqIj61tLrc4wSX0szH/Ev+nYRRuWlolflfl" crossori
gin="an
    onymous">
    <title>Tugas pw</title>
</head>

<body>
<div id="card">
    <div id="card-content">
        <div class="container">
            <div class="d-flex flex-row justify-content-center">
                <div class="box-view">
                    <table class="table table-hover">
                        <thead>
                            <tr>
                                <th colspan="2" id="foto">FOTO PROFIL</th>
                            </tr>
                        </thead>
                        <thead>
                            <th colspan="2" style="text-
align: center;"><img src="foto.jpeg" alt="" class="img-fluid rounded"></th>
                        </thead>
                        <thead>
                            <tr>
                                <th colspan="2">DATA DIRI</th>
                            </tr>
                        </thead>
                        <tbody>
```

```html
                                <tr>
                                    <th id="data">Nama Lengkap</th>
                                    <td><?php echo $_POST['namadepan'] . $_POST['namabelakang'] ?></td>
                                </tr>
                                <tr>
                                    <th id="data">NRP</th>
                                    <td><?php echo $_POST['nrp'] ?></td>
                                </tr>
                                <tr>
                                    <th id="data">Jenis Kelamin</th>
                                    <td><?php echo $_POST['jeniskel'] ?></td>
                                </tr>
                                <tr>
                                    <th id="data">Jejang Pendidikan</th>
                                    <td><?php echo $_POST['jenjang'] ?></td>
                                </tr>
                                <tr>
                                    <th id="data">Jurusan</th>
                                    <td><?php echo $_POST['jurusan'] ?></td>
                                </tr>
                                <tr>
                                    <th id="data">Kelas</th>
                                    <td><?php echo $_POST['kelas'] ?></td>
                                </tr>
                                <tr>
                                    <th id="data">Tahun Angkatan</th>
                                    <td><?php echo $_POST['angkatan'] ?></td>
                                </tr>
                                <tr>
                                    <th id="data">Alamat</th>
                                    <td><?php echo $_POST['alamat'] ?></td>
                                </tr>
                            </tbody>
                        </table>
                    </div>
                </div>
            </div>
        </div>
</div>
<script src="https://cdn.jsdelivr.net/npm/@popperjs/core@2.6.0/dist/umd/popper.min.js" integrity="sha384-KsvD1yqQ1/1+IA7gi3P0tyJcT3vR+NdBTt13hSJ2lnve8agRGXTTyNaBYmCR/Nwi" crossorigin="anonymous"></script>
<script src="https://cdn.jsdelivr.net/npm/bootstrap@5.0.0-beta2/dist/js/bootstrap.min.js" integrity="sha384-
```

```
nsg8ua9HAw1y0W1btsyWgBklPnCUAFLuTMS2G72MMONqmOymq585AcH49TLBQObG" crossorigin=
"an
onymous"></script>
</body>
</html>
```

Output:

FORM DATA
MAHASISWA

FORM DATA
MAHASISWA

**FOTO PROFIL**

**DATA DIRI**

| Nama Lengkap | Ahmed Indarafata A.M.S. |
|---|---|
| NRP | 3120600017 |
| Jenis Kelamin | Laki - Laki |
| Jejang Pendidikan | D4 |
| Jurusan | Teknik Informatika |
| Kelas | 1 A |
| Tahun Angkatan | 2020 |
| Alamat | Sukolilo Park regency K/17 |