Kepada Yth:

**FUJ-25**

**Bapak / Ibu Calon Penguji**

**Sidang Tugas Akhir Mahasiswa**

Di tempat.

Dengan hormat,

Sehubungan dengan tugas pengujian Tugas Akhir mahasiswa berikut ini:

|  |  |  |
| --- | --- | --- |
| Nama | : |  |
| NIM | : |  |
| Hari / Tanggal / Jam Sidang | : |  |
| Judul TA | : |  |

maka kami mohon kesediaan Bapak / Ibu untuk memberikan pernyataan kesiapan sebagai penguji pada Sidang Tugas Akhir mahasiswa tersebut di bawah ini:

|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **Nama** | **Kesediaan** | **TTD** |
|  |  | 🞏 Bersedia  🞏 Tidak bersedia, dengan alasan:  ……………………………………  …………………………………… |  |
|  |  | 🞏 Bersedia  🞏 Tidak bersedia, dengan alasan:  ……………………………………  …………………………………… |  |

Demikian atas kesediaannya kami ucapkan terima kasih.

Semarang, ………………………………

Koordinator Tugas Akhir

Departemen Ilmu Komputer / Informatika

Fakultas Sains dan Matematika UNDIP

Helmie Arif Wibawa, S.Si, M.Cs

NIP. 197805162003121001

**MATRIKS KETERSEDIAAN WAKTU UJIAN (SIDANG) TUGAS AKHIR**

1. Nama Dosen: …………………………………….

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Hari**  **Jam** | **Senin** | **Selasa** | **Rabu** | **Kamis** | **Jumat** | **Tanda Tangan / Paraf (Dosen)** |
| 08.00 – 09.00 |  |  |  |  |  |  |
| 09.00 – 10.00 |  |  |  |  |  |
| 10.00 – 11.00 |  |  |  |  |  |
| 11.00 – 12.00 |  |  |  |  |  |
| 13.00 – 14.00 |  |  |  |  |  |
| 14.00 – 15.00 |  |  |  |  |  |
| 15.00 – 16.00 |  |  |  |  |  |

2. Nama Dosen: …………………………………….

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Hari**  **Jam** | **Senin** | **Selasa** | **Rabu** | **Kamis** | **Jumat** | **Tanda Tangan / Paraf (Dosen)** |
| 08.00 – 09.00 |  |  |  |  |  |  |
| 09.00 – 10.00 |  |  |  |  |  |
| 10.00 – 11.00 |  |  |  |  |  |
| 11.00 – 12.00 |  |  |  |  |  |
| 13.00 – 14.00 |  |  |  |  |  |
| 14.00 – 15.00 |  |  |  |  |  |
| 15.00 – 16.00 |  |  |  |  |  |

3. Nama Dosen: …………………………………….

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Hari**  **Jam** | **Senin** | **Selasa** | **Rabu** | **Kamis** | **Jumat** | **Tanda Tangan / Paraf (Dosen)** |
| 08.00 – 09.00 |  |  |  |  |  |  |
| 09.00 – 10.00 |  |  |  |  |  |
| 10.00 – 11.00 |  |  |  |  |  |
| 11.00 – 12.00 |  |  |  |  |  |
| 13.00 – 14.00 |  |  |  |  |  |
| 14.00 – 15.00 |  |  |  |  |  |
| 15.00 – 16.00 |  |  |  |  |  |

4. Nama Dosen: …………………………………….

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Hari**  **Jam** | **Senin** | **Selasa** | **Rabu** | **Kamis** | **Jumat** | **Tanda Tangan / Paraf (Dosen)** |
| 08.00 – 09.00 |  |  |  |  |  |  |
| 09.00 – 10.00 |  |  |  |  |  |
| 10.00 – 11.00 |  |  |  |  |  |
| 11.00 – 12.00 |  |  |  |  |  |
| 13.00 – 14.00 |  |  |  |  |  |
| 14.00 – 15.00 |  |  |  |  |  |
| 15.00 – 16.00 |  |  |  |  |  |

5. Nama Dosen: …………………………………….

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Hari**  **Jam** | **Senin** | **Selasa** | **Rabu** | **Kamis** | **Jumat** | **Tanda Tangan / Paraf (Dosen)** |
| 08.00 – 09.00 |  |  |  |  |  |  |
| 09.00 – 10.00 |  |  |  |  |  |
| 10.00 – 11.00 |  |  |  |  |  |
| 11.00 – 12.00 |  |  |  |  |  |
| 13.00 – 14.00 |  |  |  |  |  |
| 14.00 – 15.00 |  |  |  |  |  |
| 15.00 – 16.00 |  |  |  |  |  |

Ket: Beri tanda check (🗸) pada hari dan jam yang bisa dipenuhi