

UJIAN AKHIR SEMESTER GENAP

**MD. MIFTAHUL MUBTADIIN AS-SHOLIHIN**

TAHUN PELAJARAN 2016-2017

**LEMBAR PENILAIAN TES LISAN**

Nama Penguji :

Materi :

Hari/Tanggal :

Kelas :

|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **Nama** | **Nilai** | **Ket.** |
|  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Nb: Sistem penilaian minimal angka 50