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| --- | --- | --- | --- | --- | --- |
| **Nama Pengawas :** | | | | | **RUANG:** |
| **Hari/Tanggal :** | | | | | |
|  | |  |  |  | |
| **No** | **Nama** | **Kelas** | **No.Peserta** | **Paraf** | |
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| 7 |  |  |  | 7 | |
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| 11 |  |  |  | 11 | |
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| 18 |  |  |  | 18 | |
| 19 |  |  |  | 19 | |
| 20 |  |  |  | 20 | |

**NB : Isilah mata pelajaran sesuai yang di uji kan di bawah ini...!**

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| Kelas | Mata Pelajaran | Guru Mapel |
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