**UJIAN SEMESTER GENAP**

**TAHUN PELAJARAN 2017-2018**

**Nama Pemateri : Hari/Tanggal :**

**Kelas : Mata Pelajaran :**

**LEMBAR PENILAIAN DAN DAFTAR HADIR TES LISAN**

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| **No** | **Nama** | **Paraf** | **Nilai** | **Ket.** |
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**Nb : Sistem penilaian minimal angka 50**

**: Nilai ini di berikan kepada wali kelasnya masing-masing atau kepada panitia**