 FORM ALASAN TIDAK BIMBINGAN

KP✓ TA \*) FAKULTAS TEKNOLOGI INFORMASI UNIVERSITAS KRISTEN MARANATHA

Nama : Juan Sterling Martua

NRP : 2072009

\*) Beri tanda centang pada salah satu pilihan

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| No. | Tanggal | Alasan Tidak Bimbingan | TTD  Pemb. | Paraf Koord. |
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