  FORM KEHADIRAN BIMBINGAN

KP TA \*) FAKULTAS TEKNOLOGI INFORMASI UNIVERSITAS KRISTEN MARANATHA

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\*) Beri tanda centang pada salah satu pilihan

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| No. | Tanggal | Topik Bimbingan, Komentar, dan Saran | TTD Pemb. | Paraf Koord. |
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**Mengetahui,**

**Ketua Program Studi**

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