 **UNIVERSITAS**

**Fakultas Kesehatan Masyarakat**

**Kampus Baru UI Depok 16424, Telp. (021) 7864975 Fax. (021) 7863472**

 **INDONESIA**

 Veritas, Probitas, Justitia Est. 1849

Yth. Ketua Program Doktor Ilmu Kesehatan Masyarakat

Di FKM-UI

Bersama ini kami sampaikan bahwa mahasiswa Program Doktor Ilmu Kesehatan Masyarakat Fakultas Kesehatan Masyarakat Universitas Indonesia akan melaksanakan Seminar Berkala Bidang Minat sebagai berikut:

Nama : ……………………………………………………………………………………….

NPM : ……………………………………………………………………………………….

hari/tanggal : ........................................................................................................................

waktu : ……………………………………………………………………………………….

judul :

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Susunan Penguji :**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Nama dan gelar** | **Keterangan** | **Instansi** |
| 1 |  | Promotor | FKM-UI |
| 2 |  |  |  |
| 3 |  |  |  |

Demikian kami sampaikan, atas kerjasama yang baik kami ucapkan terimakasih.

Depok, ……………….….

 Promotor,

 (……………………………………..)



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**FORMULIR BIODATA PENGUJI LUAR (wajib diisi)**

**DATA PENGUJI**

1. **IDENTITAS PENGUJI**

|  |  |  |
| --- | --- | --- |
| Nama (Lengkap dengan Gelar) | : | ........................................................................................ |
| NIP/NUP | : | ........................................................................................ |
| Jabatan Fungsional | : | ........................................................................................ |
| Fakultas/Unit | : | ........................................................................................ |
| Universitas/Lembaga/Institusi | : | ........................................................................................ |
| Email | : | ........................................................................................ |
| No Hand Phone | : | ........................................................................................ |

1. **DATA REKENING**

|  |  |  |
| --- | --- | --- |
| Nama Pemilik Rekening | : | ......................................................................................... |
| Nama BANK | : | ......................................................................................... |
| No Rekening | : | ......................................................................................... |

1. **KEPAKARAN DAN RIWAYAT PENDIDIKAN**

|  |  |  |
| --- | --- | --- |
| Keahlian Bidang Ilmu Utama | : | ....................................................................................... |
| Minor 1 | : | ....................................................................................... |
| Minor 2 | : | ....................................................................................... |
|  |  |  |
| Jenjang Sarjana S1 | ; | ....................................................................................... |
| Universitas & Tahun Lulus | : | ....................................................................................... |
|  |  |  |
| Jenjang Sarjana S2 | ; | ....................................................................................... |
| Universitas & Tahun Lulus | : | ....................................................................................... |
|  |  |  |
| Jenjang Sarjana S3 | : | ....................................................................................... |
| Universitas & Tahun Lulus | ; | ....................................................................................... |
|  |  |  |
| Publikasi | : | ......................................................................................... |
|  |  | .........................................................................................  |
|  |  | ......................................................................................... |

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 Tanda Tangan

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