Hal : Permohonan Ijin Penelitian

**Form 01**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | 1 | SKRIPSI/THESIS/DISERTASI |
| Kepada |  | 2 | PKM/LKTI |
| Yth. **Kepala Laboratorium Penelitian Terpadu** |  | 3 | PENELITIAN DOSEN |
| Fakultas Farmasi UAD Yogyakarta |  | 4 | LUAR |
|  |  | 5 | LANJUTAN |

\*beri tanda silang atau lingkari

Assalamu’alaikum Wr. Wb.

Sehubungan dengan penelitian kami dengan judul:

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| …………………………………………………………………………………………………………… |
| …………………………………………………………………………………………………………… |
| …………………………………………………………………………………………………………… |

|  |  |  |
| --- | --- | --- |
| Nama Pembimbing: | 1. | ……………………………………… |
|  |  | 2. | ……………………………………… |
| **No.** | **Nama** | **NIM/NIP/NIY** | **No. HP** |
| **1.** |  |  |  |
| **2.** |  |  |  |
| **3.** |  |  |  |
| **4.** |  |  |  |
| **5.** |  |  |  |
| **6.** |  |  |  |
| **7.** |  |  |  |
| **8.** |  |  |  |
| **9.** |  |  |  |
| **10.** |  |  |  |

Kami meminta ijin menggunakan:

|  |  |  |
| --- | --- | --- |
| **No.** | **Laboratorium** | **Fasilitas** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Untuk penelitian dari : |  |  | 20.. | s.d. |   |  | 20.. | \*\*wajib diisi |
|  | tanggal | bulan | tahun |  | tanggal | bulan | tahun |  |

Demikian permohonan kami, atas ijin yang diberikan kami ucapkan terimakasih.

Wassalamu’alaikum Wr. Wb.

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|  |  | Yogyakarta,………………………… |
| Pembimbing |  | Pemohon |
|  |  |  |
| Nama:……………………………… |  | Nama:…………………………………… |
| Tanggal :………………… |  |  |