**REVISI SKRIPSI**

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| Nama | : | **…………………………………………………………………………………..** | |
| NPM | : | **…………………………………………………………………………………..** | |
| Tanggal Ujian | : | **…………………………………………………………………………………..** | |
| Judul Skripsi | : | **…………………………………………………………………………………..**  FORM D  **…………………………………………………………………………………..**  **…………………………………………………………………………………..** | |
| **Bab / Halaman** | **Catatan Perbaikan** | | |
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| Surabaya, |
| Dosen Penguji,  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NIP. |