FORM PENGUJI LUAR KOMISI

Evaluasi Awal Sebelum Ujian Tertutup S3

1. Nama Penguji : ..............................................................................................................

2. Bidang Keahlian : ..............................................................................................................

3. Unit Kerja : ..............................................................................................................

Kami sebagai Penguji Luar Komisi Kandidat Doktor :

1. Nama Mahasiswa : ...............................................................................................................

2. NIM : ..............................................................................................................

3. Program Studi : ..............................................................................................................

4. Judul Disertasi : ..............................................................................................................

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Setelah mempelajari dengan seksama disertasi kandidat Doktor tersebut di atas yang akan diuji, kami sampaikan hal-hal sebagai berikut :

1. Komentar Umum : .................................................................................................................

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2. Komentar Spesifik:...................................................................................................................

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3. Saran Perbaikan/Penyempurnaan : .........................................................................................

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1. Berdasarkan komentar dan saran diatas, maka saya : (**SETUJU / TIDAK SETUJU\***) untuk dilaksanakan ujian tertutup.

Bogor, .......................................................

Penguji Luar Komisi,

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**Catatan:**

Setelah formulir ini diisi, mohon diserahkan kepada Ketua Komisi Pembimbing/Ketua Program Studi.

**\***Lingkari yang dipilih