



| No.                             | NPM       | NAMA MAHASISWA           | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | JLH |
|---------------------------------|-----------|--------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|-----|
| 14.                             | 218150071 | MUTHIA AULIA RAHMA LUBIS |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |     |
| JUMLAH MAHASISWA                |           |                          |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |     |
| HARI/TANGGAL                    |           |                          |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |     |
| TANDA TANGAN DOSEN              |           |                          |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |     |
| TANDA TANGAN KOMISARIS          |           |                          |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |     |
| MATERI KULIAH/PRAKTIKUM         |           |                          |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |     |
|                                 |           |                          |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |     |
| TANDA TANGAN KA.SUBBAG.AKADEMIK |           |                          |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |     |

MENGETAHUI,  
DEKAN

**CATATAN :**

setiap dosen yang memberikan mata kuliah, harus menandatangani kartu absensi. Bagi mahasiswa yang tidak hadir agar Dosen membuat tanda (x) pada kolom yang telah disediakan setiap memberi kuliah.

Dr.Ir. DINA MAIZANA, MT  
NIDN.0112096601