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**LEMBAR KONSULTASI KARYA TULIS ILMIAH**

**AKADEMI FISIOTERAPI WIDYA HUSADA**

**SEMARANG**

**NAMA** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**N I M** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**JUDUL KTI** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**NAMA PEMBIMBING** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **NO** | **TANGGAL** | **TOPIK KONSULTASI** | **TANDA TANGAN**  **PEMBIMBING** |
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* ***Lembar konsultasi harus dikumpulkan menjelang KTI***
* ***Konsultasi minimal 6 kali***