|  |  |
| --- | --- |
| lambang UB | **KEMENTERIAN RISET, TEKNOLOGI, DAN PENDIDIKAN TINGGI**  **UNIVERSITAS BRAWIJAYA**  **FAKULTAS KEDOKTERAN**  **PROGRAM MAGISTER ILMU BIOMEDIK**  Jalan Veteran, Malang 65145, Jawa Timur – Indonesia  Telp. (62)(341) 551611; 569117; 567192 Pes. 213, 214 – Fax. (62)(341) 564755  E-mail: [sekr.fk@ub.ac.id](mailto:sekr.fk@ub.ac.id) Website: <http://biomedical.fk.ub.ac.id> |

### **PENUGASAN MENGIKUTI PENDIDIKAN**

### **PROGRAM MAGISTER ILMU BIOMEDIK**

Yang bertanda tangan di bawah ini:

|  |  |  |
| --- | --- | --- |
| Nama | : | …………………………………………………………………………..........................................................…………………………….... |
| NIP | : | …………………………………………………………………………..........................................................…………………………….... |
| Jabatan | : | …………………………………………………………………………..........................................................……………………………….. |
| Instansi | : | Nama : …………………………………………………………………………..........................................................………………… |
|  |  | Alamat : …………………………………………………………………………..........................................................………………… |
|  |  | Telp : …………………………………………………………………………..........................................................………………… |
|  |  | Fax : …………………………………………………………………………..........................................................…………………. |
|  |  | Email : …………………………………………………………………………..........................................................…………………. |
| Menugaskan kepada: | | |
| Nama | : | …………………………………………………………………………..........................................................……………………………….. |
| NIP | : | …………………………………………………………………………..........................................................……………………………….. |
| Jabatan | : | …………………………………………………………………………..........................................................……………………………….. |
| Instansi | : | Nama : …………………………………………………………………………..........................................................………………… |
|  |  | Unit : …………………………………………………………………………..........................................................………………… |
|  |  | Alamat : …………………………………………………………………………..........................................................………………… |
|  |  | Telp : …………………………………………………………………………..........................................................………………… |
|  |  | Fax : …………………………………………………………………………..........................................................…………………. |
|  |  | Email : …………………………………………………………………………..........................................................…………………. |

Untuk mengikuti pendidikan Program Magister Ilmu Biomedik di Fakultas Kedokteran Universitas Brawijaya.

Untuk menjamin kelancaran aktivitas selama mengikuti program pendidikan tersebut, yang bersangkutan dibebaskan dari tugas-tugas di Instansi/Lembaga.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | ………….............……………… | , |  |  | , |  |  | , |  |  |  |  |
|  | Rektor/Pimpinan Tertinggi Instansi/Lembaga  ……………………………………………………………………  Nama terang, tandatangan, dan stempel | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
| Catatan : - Hanya diisi oleh Calon Mahasiswa dari suatu Instansi   * Tulis dengan huruf balok dan sebaiknya menggunakan tinta hitam | | | | | | | | | | | | |