**PROGRAM STUDI PENDIDIKAN PROFESI NERS**

**FAKULTAS KEDOKTERAN DAN ILMU KESEHATAN**

**UNIVERSITAS MUHAMMADIYAH YOGYAKARTA**

**KARTU KONSULTASI KARYA ILMIAH AKHIR**

Nama Mahasiswa : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nomor Mahasiswa : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Judul Karya Ilmiah Akhir : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Pembimbing : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **No** | **Tanggal** | **Materi bimbingan** | **Tanda tangan****Dosen pembimbing**  |
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