**PERSYARATAN:**

1. **Sakit**

Surat Keterangan Sakit dari Puskesmas, Rumah Sakit Pemerintah atau Rumah Sakit Swasta disertai kuitansi pembayaran Dokter, kuitansi pembayaran obat (copy resep), Bukti Rawat Inap, Hasil Uji Laboratorium jika ada. (Diserahkan segera setelah sembuh, jika bukti lengkap tidak perlu tanda tangan Dosen Pengampu)

1. **Menunaikan Ibadah Keagamaan**

Surat penunjukkan/penugasan dari Instansi terkait, Ticket Perjalanan, copy Visa atau Paspor.(Diserahkan maksimal 3 (tiga) hari sebelum keberangkatan)

1. **Mengikuti Kegiatan Kemahasiswaan**

Surat Tugas dari Instansi Penyelenggara Kegiatan, Surat Tugas Wakil Rektor I atau Wakil Dekan I, dilengkapi dengan Undangan, Pengumuman, atau Proposal Kegiatan yang sudah disyahkan oleh yang berwenang, Rundown Acara / Agenda Kegiatan.(Diserahkan maksimal 3 (tiga) hari sebelum keberangkatan)

* Untuk kegiatan ke Luar Kota, lampirkan Ticket Perjalanan
* Untuk kegiatan ke Luar Negeri,lampirkan Ticket Pesawat, Copy Visa atau Paspor

**MAHASISWA WAJIB MENGIKUTI PERKULIAHAN SECARA AKTIF PALING SEDIKIT 75% DARI AKTIVITAS AKADEMIK TERJADWAL (14 KALI TATAP MUKA), TERMASUK MATA KULIAH PERBAIKAN ( Perak Tahun 2020 Pasal 34 Ayat 4 )**

**SURAT IJIN MENINGGALKAN KULIAH**

Yang bertanda tangan dibawah ini, saya

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

 NIM : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tidak dapat mengikuti perkuliahan pada

 Hari/Tanggal : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mata Kuliah : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Kelas : \_\_\_\_\_\_ Jam : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ruang : \_\_\_\_\_\_\_\_\_\_

 Alasan : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Demikian, atas perhatiannya diucapkan terima kasih.

Dosen Pengampu Semarang, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Hormat saya,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NIP NIM

Menyetujui, Mengetahui,

Ketua Program Studi Sarjana Hukum Supervisor Akademik dan Kemahasiswaan

Dr. Irma Cahyaningtyas, S.H., M.H. Hendra Gunawan, S.T.

NIP 198310312009122003 NIP 197603021999031004

**KETERANGAN:**

Diserahkan 3 hari sebelum kuliah berlangsung dan ijin karena sakit segera setelah masuk kuliah

**SURAT IJIN MENINGGALKAN KULIAH**

Yang bertanda tangan dibawah ini, saya

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

 NIM : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tidak dapat mengikuti perkuliahan pada

 Hari/Tanggal : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mata Kuliah : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Kelas : \_\_\_\_\_\_ Jam : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ruang : \_\_\_\_\_\_\_\_\_\_

 Alasan : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Demikian, atas perhatiannya diucapkan terima kasih.

Dosen Pengampu Semarang, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Hormat saya,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NIP NIM

Menyetujui, Mengetahui,

Ketua Program Studi Sarjana Hukum Supervisor Akademik dan Kemahasiswaan

Dr. Irma Cahyaningtyas, S.H., M.H. Hendra Gunawan, S.T.

NIP 198310312009122003 NIP 197603021999031004

**KETERANGAN:**

Diserahkan 3 hari sebelum kuliah berlangsung dan ijin karena sakit segera setelah masuk kuliah

**KHUSUS UNTUK IJIN TIM (DELEGASI)**

**SURAT IJIN MENINGGALKAN KULIAH (TIM)**

Yang bertanda tangan dibawah ini, saya

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

 NIM : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tidak dapat mengikuti perkuliahan selama ............... hari, sejak tanggal .............................................

s/d...................................... dengan alasan ...............................................................................................................................

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 Semarang, ...............................................................

Menyetujui Pemohon,

Supervisor Akademik dan Kemahasiswaan,

Hendra Gunawan, S.T. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NIP 197603021999031004 NIM

**KHUSUS UNTUK IJIN TIM (DELEGASI)**

**SURAT IJIN MENINGGALKAN KULIAH (TIM)**

Yang bertanda tangan dibawah ini, saya

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

 NIM : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Semarang, ...............................................................

Menyetujui Pemohon,

Supervisor Akademik dan Kemahasiswaan,

Hendra Gunawan, S.T. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NIP 197603021999031004 NIM