TOTAL : …… SKS

I P K : ……

|  |  |
| --- | --- |
|  | KEMENTERIAN PENDIDIKAN DAN KEBUDAYAAN  UNIVERSITAS NEGERI YOGYAKARTA **FAKULTAS ILMU KEOLAHRAGAAN** Alamat : Jl. Colombo No. 1 Yogyakarta Telp. (0274) 513092, 586168 Psw 544 |

## **DAFTAR KELULUSAN PROGRAM SARJANA (S-1)**

1. Nama Mahasiswa : …………………………………………………………

2. Nomor Induk Mahasiswa : …………………………………………………………

3. Jurusan / Program Studi : …………………………………………………………

4. Tempat, Tanggal lahir : …………………………………………………………

5. A g a m a : …………………………………………………………

6. Status Perkawinan : …………………………………………………………

7. Alamat Asal : …………………………………………………………

………………………....................................................

No. Telp./HP. : ......................................................….………………….

E-mail : ........................................................................................

8. Judul Skripsi : …………………………………………………………

…………………………………………………………

9. Dosen Pembimbing TAS : .........................................................................................

10. Mulai menulis Skripsi : …………………………………………………………

11. Dosen Penasehat Akademik : …………………………………………………………

12. Mengambil Ijin Selang : ………………………………………………………...

13. Tanggal Ujian Skripsi : .......................................................................................

14. Total SKS : .......................................................................................

15. Dinyatakan Lulus Tanggal : ………………………………………………………...

14. Indeks Prestasi Kumulatif : ………………………………………………………...

15. Asal Sekolah (SLTA/UNIV) : ………………………………………………………...

Alamat Sekolah : ………………………………………………………...

16. Nama Orang Tua : ………………………………………………………..

Pekerjaan : ………………………………………………………..

Alamat : ………………………………………………………..

………………………….............................................

No. Telp./HP. : …………………..........................................................

Wakil Dekan I, Ketua Program Studi ……….

Dr. Panggung Sutapa, M.S. ...............................................

NIP. 19590728 198601 1 001 NIP. .......................................

Pengisian daftar ini sudah benar,

Yang mengisikan,

**CATATAN** :

Setelah menerima SK Yudisium harap segera .......................................................

mendaftar wisuda ke Subag Akademik BAKI UNY. NIM. ...…………………………..

(Gd. Rektorat UNY Lt.1 Sayap Timur)

|  |  |
| --- | --- |
|  | KEMENTERIAN PENDIDIKAN DAN KEBUDAYAAN  UNIVERSITAS NEGERI YOGYAKARTA **FAKULTAS ILMU KEOLAHRAGAAN** Alamat : Jl. Colombo No. 1 Yogyakarta Telp. (0274) 513092, 586168 Psw 544 |

## **BIODATA PESERTA YUDISIUM**

1. Nama Mahasiswa : …………………………………………………………

2. Nomor Induk Mahasiswa : …………………………………………………………

3. Jurusan / Program Studi : …………………………………………………………

4. Tempat, Tanggal lahir : …………………………………………………………

5. A g a m a : …………………………………………………………

6. Asal Sekolah (SLTA/UNIV) : …………………………………………………………

7. Alamat Sekolah : …………………………………………………………

………………………....................................................

8. Alamat Rumah : …………………………………………………………

…………………………………………………………

No. Telp./HP. : ......................................................….………………….

E-mail : ........................................................................................

9. Pekerjaan : ........................................................................................

10. Alamat Kantor : …………………………………………………………

…………………………………………………………

No. Telp. : ......................................................….………………….

11. SK Yudisium tertanggal : .........................................................................................

12. Total SKS : .......................................................................................

13. Indeks Prestasi Kumulatif : ………………………………………………………...

15. Tanggal Ujian Skripsi : ………………………………………………………...

Yogyakarta, .................................

FOTO BERWARNA

3 x 4

Yang menyatakan,

.......................................................

NIM. ...…………………………..

|  |  |
| --- | --- |
|  | KEMENTERIAN PENDIDIKAN DAN KEBUDAYAAN  UNIVERSITAS NEGERI YOGYAKARTA **FAKULTAS ILMU KEOLAHRAGAAN** Alamat : Jl. Colombo No. 1 Yogyakarta Telp. (0274) 513092, 586168 Psw 550 |

Pas FOTO

4 x 6

## **DATA ALUMNI**

Nama Mahasiswa : ........................................................................

Nomor Induk Mahasiswa : ........................................................................

Jurusan / Program Studi : ........................................................................

Tempat, Tanggal lahir : ........................................................................

A g a m a : ........................................................................

Asal Sekolah (SLTA/UNIV) : ........................................................................

Alamat Asal : ........................................................................

........................................................................

No. Telp./Hp. : ........................................................................

Tanggal Kelulusan : ........................................................................

Indeks Prestasi Kumulatif : ........................................................................

Pekerjaan (bila sudah bekerja): .........................................................................

Alamat Kantor : .........................................................................

..........................................................................

No. Telp : .........................................................................

Nama Orang Tua : ..........................................................................

Nama Dekan / NIP : Rumpis Agus Sudarko, M.S. / 19600824 198601 1 001

Nama Rektor / NIP : Prof. Dr. Rochmat Wahab, M.Pd., MA. / 19570110 198403 1 002

Tanggal Wisuda :

Nomor Ijazah :

Tanggal Ijazah :

Mengetahui Yogyakarta, ……………………..

Ketua Program Studi ................... Yang mengisi data,

.................................................... .......................................................

NIP. ........................................... NIM. .............................................

BIODATA

Pas FOTO

2 x 3

Pas FOTO

2 x 3

ANGGOTA ISORI DIY

Nama Lengkap (dengan gelar) : .....................................................................................

Nomor Induk Mahasiswa : ...................................................................................

Jenis Kelamin : ...................................................................................

Tempat, Tanggal lahir : ...................................................................................

A g a m a : ..................................................................................

Golongan Darah : ..................................................................................

Alamat Rumah : ..................................................................................

..................................................................................

Nomor Telp./Hp : ……………………….............................................

E-Mail : ………………………….........................................

Nama Orang Tua : ................................................................................

Prodi/Jurusan/Fakultas/Universitas

1. D2 : Tgl/bulan/tahun lulus :

2. D3 : Tgl/bulan/tahun lulus :

3. S1 : Tgl/bulan/tahun lulus :

4. S2 : Tgl/bulan/tahun lulus :

5. S3 : Tgl/bulan/tahun lulus :

6. Lainnya : Tgl/bulan/tahun lulus :

Indeks Prestasi Kumulatif (IPK) : ................................................................................

Lama Studi : ................................................................................

Rencana Karier : ................................................................................

Rencana Kota Tujuan : ................................................................................

Pekerjaan : ...............................................................................

Alamat & Telp. Kantor : ..............................................................................

Yogyakarta, ......................................

Hormat kami,

.........................................................

NIM. ...............................................