

Form 01/Dosen/UAS/20202

**JADWAL UJIAN AKHIR SEMESTER (UAS)**

**SEMESTER GENAP TAHUN AKADEMIK 2020/2021**

**UNIVERSITAS SUMATERA SELATAN**

FAKULTAS :

PROGRAM STUDI :

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| **NO.** | **HARI/ TANGGAL** | **WAKTU (WIB)** | **MATA KULIAH** | **SKS** | **KELAS** | **DOSEN PENGAMPU/ PENGAWAS** |
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Menyetujui, Palembang,..................2021

Dekan Ka. Prodi

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NIDN.................... NIDN..........................