**KEMENTERIAN AGAMA**

**UNIVERSITAS ISLAM NEGERI (UIN) ALAUDDIN MAKASSAR**

**FAKULTAS TARBIYAH DAN KEGURUAN**

**PRODI .........................................................**

Kampus I: Jl. St. Alauddin No.63 Makassar Telp. : (0411) 868720 Fax: (0411)

Kampus II: Jl. H.M. Yasin Lompo No.36 Samata-Gowa Telp./FAX : (0411) 882682



Nomor : …......................... Samata-Gowa, ..................... 20...

Hal : ***Permohonan Ujian***

***Kualifikasi Hasil Skripsi***

Kepada Yth.

**Dekan Fakultas Tarbiyah dan Keguruan**

**UIN Alauddin Makassar**

Di

Samata-Gowa

*Assalamu Alaikum Wr. Wb.*

Ketua Jurusan/Prodi ......................................... menerangkan bahwa:

N a m a : ........................................................................................................................

NIM : ........................................................................................................................

Semester : ........................................................................................................................

Jurusan/Prodi : ........................................................................................................................

Alamat : ........................................................................................................................

E-mail/Tlp. : ................................................................../...................................................

Judul Skripsi : ........................................................................................................................

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

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

telah memenuhi syarat untuk menempuh Ujian Kualifikasi Hasil Skripsi dan selanjutnya mohon ditetapkan Dewan Penguji sebagai berikut:

Penanggung Jawab : Dr. H. Marjuni, M.Pd.I.

Ketua Sidang : ......................................................................................................................

Sekretaris Sidang : ......................................................................................................................

Penguji I : ......................................................................................................................

Penguji II : ......................................................................................................................

Pelaksana : ......................................................................................................................

Demikian permohonan ini dan atas perkenannya diucapkan terima kasih.

Wasalam

Disahkan oleh:

A.n. Dekan

Wakil Dekan Bidang Akademik, Ketua Jurusan/Prodi,

**Dr. M. Shabir U., M.Ag. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

NIP 196609281993031002 NIP