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| Logo UNAIR Black | **UNIVERSITAS AIRLANGGA**  **FAKULTAS FARMASI** | No. Borang: |
| BO.UNAIR-PBM-04-01-R0 |

**PERMOHONAN UJIAN USULAN SKRIPSI**

To:

The Coordinator of the Bachelor of Pharmacy Study Program

Faculty of Pharmacy, Airlangga University

Campus C, Nanizar Zaman Joenoes Building

Surabaya

I, the undersigned below:

**Student Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student ID Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Hereby apply for the Thesis Proposal Examination with the title:

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Based on the agreement with all examiners, we propose the examination to be held on day …………………………….. date ……………………………..

Attached is the **soft file of the** **thesis proposal manuscript** that has been approved by the main supervisor and is ready for examination.

Thank you for your attention.

Surabaya,

Applicant,

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

NIM.