INSTITUT BISNIS
I T & B
SK MENRISTEKDIKTI NO 721/KPT/I/2017

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SKRIPSI AND CD RECEIPT FORM

Student Name : _____

Student ID : _____

Graduation (Month & Year) : _____

Class : _____

Phone/Mobile : _____

Skripsi Title :

_____

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No	*Skripsi* Submission Date	Received by	Signature
1.		Advisor :	
2.		Examiner I :	
3.		Examiner II :	
4.		Academic :	
5.		Library :	
6.		CD PDF 1 Piece :	

Medan, _____ 20_____

Acknowledged by,
Head of IS Study Program

Dr. Thamrin Kwan, BSc (Hons), MM
NIDN. 01-0101-7710