**LAB06-32**

**FAKULTAS FARMASI**

**UNIVERSITAS SANATA DHARMA**

***FACULTY OF PHARMACY***

***SANATA DHARMA UNIVERSITY***

**Akreditasi: Prodi S-1 Farmasi: A ; Prodi Profesi Apoteker: A ; Prodi S-2 Farmasi: Unggul**

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***Excellent in Quality, Competitiveness, and Care (e-QCC)***

Campus III Paingan, Maguwoharjo, Depok, Sleman, Yogyakarta 55282, Indonesia

Fax:+62(274) 886529;Phone:+62(274) 883037, 883968 ext Kepala TU 2334, Prodi S-1: 2325, 2326 Prodi Profesi: 2333, 2354

Website: [www.usd.ac.id/fakultas/farmasi](http://www.usd.ac.id/fakultas/farmasi); Email Prodi S-1: farmasi@usd.ac.id; Email Prodi Profesi: profapt@usd.ac.id

**PERMOHONAN KERJA MANDIRI**

**DI LABORATORIUM**

Kepada

Yth. Kepala Laboratorium

 Fakultas Farmasi

 Universitas Sanata Dharma

 Yogyakarta

Dengan hormat,

Saya yang bertanda tangan di bawah ini :

 Nama Mahasiswa : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 NIM : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Judul Skripsi : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

mohon ijin untuk menggunakan fasilitas di laboratorium \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ pada:

Hari, tanggal : \_\_\_\_\_\_\_\_\_\_\_\_\_\_ s.d. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pukul : \_\_\_\_\_\_\_\_\_\_\_\_\_\_ s.d. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

dengan mematuhi peraturan yang berlaku. Adapun alat dan bahan yang akan saya gunakan terlampir. Untuk kerja tersebut saya dapat melaksanakannya secara mandiri.

Demikian permohonan saya, atas terkabulnya permohonan ini saya sampaikan terima kasih.

Yogyakarta, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Mengetahui,Dosen Pembimbing\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Hormat saya,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Menyetujui,

Kepala Laboratorium

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

Catatan pembimbing*:*

1. Mahasiswa bersangkutan saya ijinkan melakukan penelitian pada waktu tersebut tanpa pendampingan

2. Pengawasan diserahkan kepada bagian keamanan USD

3. Surat ini hanya berlaku untuk 1 (satu) hari

Tembusan:

- Kabag. Keamanan

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Lampiran

Laboratorium\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alat :

|  |  |  |
| --- | --- | --- |
| No | Nama Alat | Keterangan |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
|  |  |  |

Bahan :

|  |  |  |
| --- | --- | --- |
| No | Nama Bahan | Keterangan |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
|  |  |  |

Yang dikerjakan:

|  |  |  |  |
| --- | --- | --- | --- |
| No | Waktu | Kegiatan | Keterangan |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
|  |  |  |  |