TANRI ABENG UNIVERSITY

PRA-KARTU RENCANA STUDI

PRE-STUDY PLAN FORM

Nama Mahasiswa *Name of Student* : _____

NIM *Student ID* : _____

Program Studi *Study Programme* : _____

Konsentrasi *Concentration* : _____

Angkatan *Batch* : _____

Semester *Semester* : _____

Tahun Akademik *Academic Year* : _____/_____

Email : _____

HP : _____

No.	Kode MK *Subject Code*	Mata Kuliah *Subject*	SKS *Credit*	Hari/Jam *Day/Time*
		Jumlah SKS *Total Credits*		

Jakarta, _____

Pembimbing Akademik,
Academic Advisor

_____

Mahasiswa,
Student

_____