**REKOMENDASI**

**ATASAN LANGSUNG / DOSEN S-1 / PEMBIMBING SKRIPSI**

**(PENDAFTAR KE S-2)**

Yang bertanda tangan di bawah ini

Nama Lengkap : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pekerjaan/jabatan : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alamat Lengkap : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Nomor Telepon/Fax/Hp/Email : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dengan ini saya memberikan rekomendasi kepada:

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

Hubungan dengan Pendaftar : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Untuk mengikuti Program Magister Pascasarjana Universitas Islam Negeri Sayyid Ali Rahmatullah Tulungagung, dengan pertimbangan sebagai berikut:

1. .........................................................................................................................
2. .........................................................................................................................
3. .........................................................................................................................
4. .........................................................................................................................
5. .........................................................................................................................

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Pemberi Rekomendasi,

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Nama lengkap dan tanda tangan