

**KEMENTERIAN AGAMA**

**UNIVERSITAS ISLAM NEGERI (UIN) ALAUDDIN MAKASSAR**

**FAKULTAS TARBIYAH DAN KEGURUAN**

**PRODI ...................................................................**

Kampus I: Jl. St. Alauddin No.63 Makassar Telp. : (0411) 868720 Fax: (0411)

Kampus II: Jl. H.M. Yasin Lompo No.36 Samata-Gowa Telp./FAX : (0411) 882682

Nomor : …......................... Samata-Gowa, ..................... 20...

Hal : ***Permohonan Ujian Skripsi***

**(*Munaqasyah*)**

Kepada Yth.

**Dekan Fakultas Tarbiyah dan Keguruan**

**UIN Alauddin Makassar**

Di

Samata-Gowa

*Assalamu Alaikum Wr. Wb.*

Ketua Jurusan/Prodi ................................... menerangkan bahwa:

N a m a : ...................................................................................................

NIM : ...................................................................................................

Semester : ...................................................................................................

Jurusan/Prodi : ...................................................................................................

Alamat : ...................................................................................................

E-mail/Tlp. : .........................................................../.......................................

Judul Skripsi : ................................................................................................... ...................................................................................................

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telah memenuhi syarat untuk menempuh Ujian Skripsi (Munaqasyah) dan selanjutnya mohon ditetapkan Dewan Penguji (Munaqisy) sebagai berikut:

Penanggung Jawab: Dr. H. Marjuni, M.Pd.I.

Ketua Sidang : .................................................................................................

Sekretaris Sidang : .................................................................................................

Penguji I : .................................................................................................

Penguji II : .................................................................................................

Pembimbing I : .................................................................................................

Pembimbing II : .................................................................................................

Pelaksana : .................................................................................................

Demikian permohonan ini dan atas perkenannya diucapkan terima kasih.

Wasalam

Disahkan oleh:

A.n. Dekan

Wakil Dekan Bidang Akademik, Ketua Jurusan/Prodi,

**Dr. M. Shabir U., M.Ag. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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