

**STUDENT PERMISSION FORM
FACULTY OF PUBLIC HEALTH**

(FORMULIR PERIJINAN MAHASISWA FAKULTAS KESEHATAN MASYARAKAT)

Dear, Dean
(Yth. Dekan)
Attention Vice Dean I
(u.p Wakil Dekan I)
Faculty of Public Health
(Fakultas Kesehatan Masyarakat)
Universitas Airlangga
Surabaya

NAME :
(Nama)
STUDENT ID NUMBER :
(NIM)
SEMESTER :
(Semester)

Applying for permission not to attend lectures/midterm/exams* Subjects *(Mengajukan permohonan ijin untuk tidak mengikuti perkuliahan/UTS/UAS* Mata Kuliah)*..... on *(pada tanggal)* due to illness/activities** *(dikarenakan sakit/ada kegiatan**)*.....

*select one *(pilih salah satu)*

**by attaching a medical certificate which has been legalized by PLK / letter of assignment (at least with the sign of Vice Dean I) *(dengan melampirkan surat keterangan sakit yang sudah dilegalisir PLK/surat tugas (minimal dengan ttd Wadek I))*

Acknowledgement,
Coordinator of Bachelor of Public Health Program

Who submitted,

Dr. Diah Indriani, S.Si., M.Si.
NIP. 197605032002122001

Name
(Student ID Number)