

**ENGLISH DEPARTMENT, FKIP UNSYIAH**

**STUDY PROGRAM S1**

CONSULTATION CONTROL FORM

**SCRIPT**

 Student Name : ................................... Supervisor I: ............................................

 Student Number : ...................................

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Consultation Stage**(Guidance and supervisory Services) | **Received** | **Return to Student** | **Supervisor’s Remarks** |
| **Date** | **Super’s Initials** | **Date** | **Stu’s Initials** |
| 1. | Consultation Service I |  |  |  |  |  |
|  | Consultation Service II |  |  |  |  |  |
|  | Consultation Service III |  |  |  |  |  |
|  | Consultation Service IV |  |  |  |  |  |
|  | Consultation Service V |  |  |  |  |  |
|  | Consultation Service VI |  |  |  |  |  |
| 2. | Approval for manuscript assessment |  |  |  |  |  |
| 3. | Comprehensive Examination |  |  |  |  |  |
| 4. | Oral Examination/Script Hearing |  |  |  |  |  |

 Banda Aceh, ........................... 2022

Coordinator of Undergraduate Supervisor I,

 Study program (S1)

**Dr. Kismullah, S.Pd., M.App.Ling. ................................................................**

**NIP. 198104232008121001 NIP. .......................................................**

Banda Aceh, 12 Juni 2010

 Mengetahui,

 Ketua Program Studi,

 Dr. Burhanuddin Yasin, M.Ed.

 NIP. 19600929 198603 1002

**ENGLISH DEPARTMENT, FKIP UNSYIAH**

**STUDY PROGRAM S1**

CONSULTATION CONTROL FORM

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 Student Name : ................................... Supervisor II: ............................................

 Student Number : ...................................

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| **Date** | **Super’s Initials** | **Date** | **Stu’s Initials** |
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| 4. | Oral Examination/Script Hearing |  |  |  |  |  |

 Banda Aceh, ........................... 2022

Coordinator of Undergraduate Supervisor II,

 Study program (S1)

**Dr. Kismullah, S.Pd., M.App.Ling. ................................................................**

**NIP. 198104232008121001 NIP. .......................................................**

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