**BIODATA DOSEN PELAKSANA PENELITIAN**

**FORM LK-04 B**

Foto 3 x4

Nama : ........................................................................

NIP : ........................................................................

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

 ........................................................................

No.Hp / E-mail : .........................................................................................................

Judul Penelitian : .........................................................................................................

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Mahasiswa Pelaksana (Nama/NIM/No.HP) :

1. ......................................................................................................................................................
2. ......................................................................................................................................................
3. ......................................................................................................................................................

Ruang Kerja : Lab...................................................................................................

Mengetahui,

Kepala Laboratorium, Dosen,

Dr. Ajuk Sapar, M.Si. ..............................................

NIP. 197112312000121001 NIP.