PENGESAHAN PROPOSAL PKM-KEWIRAUSAHAAN

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| 1. | Judul Kegiatan | : | ........................................................................ |
| 2. | Bidang Kegiatan | : | PKM-K |
| 3 | Ketua Pelaksana Kegiatan |  |  |
|  | 1. Nama lengkap 2. NIM 3. Jurusan 4. Universitas/Fakultas 5. Alamat Rumah dan No Tel./HP 6. Email | :  :  :  :  :  : | .........................................................................  .........................................................................  .........................................................................  .........................................................................  .........................................................................  ........................................................................ |
| 4 | Anggota Pelaksana Kegiatan/Penulis | : | ................ Orang |
| 5. | Dosen Pendamping |  |  |
|  | 1. Nama Lengkap dan Gelar 2. NIDN 3. Alamat Rumah dan No Tel. /HP | :  :  : | .........................................................................  .........................................................................  ......................................................................... |
| 6. | Biaya Kegiatan Total |  |  |
|  | 1. Fakultas Teknik 2. Sumber lain (sebutkan.....) | :  : | Rp......................  Rp...................... |
| 7 | Jangka Waktu Pelaksana | : | ............ Bulan |

Magelang, tanggal-bulan-tahun

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| Menyetujui  Ketua Jurusan ....................  (......................................................)  NIP/NIK. | Ketua Pelaksana Kegiatan,  (.................................................)  NIM. |
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| Wakil Dekan Bidang Akademik dan Kemahasiswaan  (Trisma Jaya Saputra, S.T., M.T.)  NIK. 197109102001045C102 | Dosen Pendamping  (..................................................)  NIP/NIK |

PENGESAHAN PROPOSAL PKM-PENELITIAN

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| 1. | Judul Kegiatan | : | ........................................................................ |
| 2. | Bidang Kegiatan | : | PKM-P |
| 3 | Ketua Pelaksana Kegiatan |  |  |
|  | 1. Nama lengkap 2. NIM 3. Jurusan 4. Universitas/Fakultas 5. Alamat Rumah dan No Tel./HP 6. Email | :  :  :  :  :  : | .........................................................................  .........................................................................  .........................................................................  .........................................................................  .........................................................................  ........................................................................ |
| 4 | Anggota Pelaksana Kegiatan/Penulis | : | ................ Orang |
| 5. | Dosen Pendamping |  |  |
|  | 1. Nama Lengkap dan Gelar 2. NIDN 3. Alamat Rumah dan No Tel. /HP | :  :  : | .........................................................................  .........................................................................  ......................................................................... |
| 6. | Biaya Kegiatan Total |  |  |
|  | 1. Fakultas Teknik 2. Sumber lain (sebutkan.....) | :  : | Rp......................  Rp...................... |
| 7 | Jangka Waktu Pelaksana | : | ............ Bulan |

Magelang, tanggal-bulan-tahun

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| Menyetujui  Ketua Jurusan ....................  (......................................................)  NIP/NIK. | Ketua Pelaksana Kegiatan,  (.................................................)  NIM. |
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| Wakil Dekan Bidang Akademik dan Kemahasiswaan  (Trisma Jaya Saputra, S.T., M.T.)  NIK. 197109102001045C102 | Dosen Pendamping  (..................................................)  NIP/NIK |

PENGESAHAN PROPOSAL PKM-PENERAPAN TEKNOLOGI

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| 1. | Judul Kegiatan | : | ........................................................................ |
| 2. | Bidang Kegiatan | : | PKM-T |
| 3 | Ketua Pelaksana Kegiatan |  |  |
|  | 1. Nama lengkap 2. NIM 3. Jurusan 4. Universitas/Fakultas 5. Alamat Rumah dan No Tel./HP 6. Email | :  :  :  :  :  : | .........................................................................  .........................................................................  .........................................................................  .........................................................................  .........................................................................  ........................................................................ |
| 4 | Anggota Pelaksana Kegiatan/Penulis | : | ................ Orang |
| 5. | Dosen Pendamping |  |  |
|  | 1. Nama Lengkap dan Gelar 2. NIDN 3. Alamat Rumah dan No Tel. /HP | :  :  : | .........................................................................  .........................................................................  ......................................................................... |
| 6. | Biaya Kegiatan Total |  |  |
|  | 1. Fakultas Teknik 2. Sumber lain (sebutkan.....) | :  : | Rp......................  Rp...................... |
| 7 | Jangka Waktu Pelaksana | : | ............ Bulan |

Magelang, tanggal-bulan-tahun

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| Menyetujui  Ketua Jurusan ....................  (......................................................)  NIP/NIK. | Ketua Pelaksana Kegiatan,  (.................................................)  NIM. |
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| Wakil Dekan Bidang Akademik dan Kemahasiswaan  (Trisma Jaya Saputra, S.T., M.T.)  NIK. 197109102001045C102 | Dosen Pendamping  (..................................................)  NIP/NIK |

PENGESAHAN PROPOSAL PKM-KARSACIPTA

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| 1. | Judul Kegiatan | : | ........................................................................ |
| 2. | Bidang Kegiatan | : | PKM-KC |
| 3 | Ketua Pelaksana Kegiatan |  |  |
|  | 1. Nama lengkap 2. NIM 3. Jurusan 4. Universitas/Fakultas 5. Alamat Rumah dan No Tel./HP 6. Email | :  :  :  :  :  : | .........................................................................  .........................................................................  .........................................................................  .........................................................................  .........................................................................  ........................................................................ |
| 4 | Anggota Pelaksana Kegiatan/Penulis | : | ................ Orang |
| 5. | Dosen Pendamping |  |  |
|  | 1. Nama Lengkap dan Gelar 2. NIDN 3. Alamat Rumah dan No Tel. /HP | :  :  : | .........................................................................  .........................................................................  ......................................................................... |
| 6. | Biaya Kegiatan Total |  |  |
|  | 1. Fakultas Teknik 2. Sumber lain (sebutkan.....) | :  : | Rp......................  Rp...................... |
| 7 | Jangka Waktu Pelaksana | : | ............ Bulan |

Magelang, tanggal-bulan-tahun

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| Menyetujui  Ketua Jurusan ....................  (......................................................)  NIP/NIK. | Ketua Pelaksana Kegiatan,  (.................................................)  NIM. |
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| Wakil Dekan Bidang Akademik dan Kemahasiswaan  (Trisma Jaya Saputra, S.T., M.T.)  NIK. 197109102001045C102 | Dosen Pendamping  (..................................................)  NIP/NIK |

PENGESAHAN PROPOSAL PKM-PENGABDIAN KEPADA MSYARAKAT

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| 1. | Judul Kegiatan | : | ........................................................................ |
| 2. | Bidang Kegiatan | : | PKM-M |
| 3 | Ketua Pelaksana Kegiatan |  |  |
|  | 1. Nama lengkap 2. NIM 3. Jurusan 4. Universitas/Fakultas 5. Alamat Rumah dan No Tel./HP 6. Email | :  :  :  :  :  : | .........................................................................  .........................................................................  .........................................................................  .........................................................................  .........................................................................  ........................................................................ |
| 4 | Anggota Pelaksana Kegiatan/Penulis | : | ................ Orang |
| 5. | Dosen Pendamping |  |  |
|  | 1. Nama Lengkap dan Gelar 2. NIDN 3. Alamat Rumah dan No Tel. /HP | :  :  : | .........................................................................  .........................................................................  ......................................................................... |
| 6. | Biaya Kegiatan Total |  |  |
|  | 1. Fakultas Teknik 2. Sumber lain (sebutkan.....) | :  : | Rp......................  Rp...................... |
| 7 | Jangka Waktu Pelaksana | : | ............ Bulan |

Magelang, tanggal-bulan-tahun

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| Menyetujui  Ketua Jurusan ....................  (......................................................)  NIP/NIK. | Ketua Pelaksana Kegiatan,  (.................................................)  NIM. |
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| Wakil Dekan Bidang Akademik dan Kemahasiswaan  (Trisma Jaya Saputra, S.T., M.T.)  NIK. 197109102001045C102 | Dosen Pendamping  (..................................................)  NIP/NIK |