**FORM REVISI UJIAN TERBUKA DISERTASI**

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| Nama | : |  |
| NIM | : |  |
| Program Studi | : |  |
| Hari, Tanggal | : |  |
| Judul Disertasi | : |  |
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Mengetahui

Ketua Program Studi Ilmu Kedokteran (S-3)

Fakultas Kedokteran UNS

Paramasari Dirgahayu, dr.,Ph.D.

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