## PERMOHONAN SURAT IZIN

 **PENELITIAN/PENGAMBILAN DATA**

Kepada

Yth. Wakil Dekan Bidang Akademik

Fakultas Kedokteran dan Ilmu Kesehatan UIN Malang

### Assalamu’alaikum Wr.Wb

Dengan hormat, dalam rangka penyelesaian skripsi saya:

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

NIM : ...................................................................................................

Judul Skripsi : ...................................................................................................

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

 .................................................................................................... Dosen Pembimbing :....................................................................................................

Maka kami mohon dibuatkan surat ijin Penelitian/pengambilan data di :

Instansi :...............................................................................................

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

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

Tgl Pelaksanaan : ...............................................................................................

Demikian Permohonan saya, atas perkenanya disampaikan terima kasih

### Wassalamu’alaikum Wr. Wb

 Malang, .............................

Dosen Pembimbing Pemohon

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 NIP

 Mengetahui

 Ketua Jurusan

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

 NIP