## 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

,

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

NIP

Mengetahui

Ketua Jurusan

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

NIP