

MINISTRY OF EDUCATION, CULTURE, RESEARCH AND TECHNOLOGY UNIVERSITAS BRAWIJAYA FACULTY OF VETERINARY MEDICINE

Puncak Dieng Eksklusif, Kalisongo Village, Dau District, Malang Regency, Telp. (0341) 573642, Fax. (0341) 573642, Email: pskh_ub@ub..ac.id, fkh.ub.ac.id

Submission of Field Work Practice (FWP) Plans

Semester	:	Odd/Even	Academic Year	:
Student ID	:		Phone Number	:
Student's Name	:			
Cumullative GPA	:		Cumullative	:
			credits	
Title	:			
Instansion of FWP	:			
Instantion address	:			
District:	. Sı	ubdistrict:Ci	ty :	Province:
Implementation Date : to				
Prospective Supervisor				
Supervisor 1:				
Staff ID :				
Supervisor 2:				
Staff ID :				
The Supervisor field is to be filled only by the Vice Dean for Academic Affairs				
Malang, Vice Dean of Academic Aff			Proposed by	,
1 Topolou by,				
Name			Name	

Requirements

Staff ID/ID Number

• Attach photocopies of the most recent Study Plan and Study Results Card (to be placed in a yellow folder).

Student ID