



KEMENTERIAN PENDIDIKAN, KEBUDAYAAN, RISET, DAN TEKNOLOGI
UNIVERSITAS NEGERI PADANG

Jl. Prof. Dr. Hamka Air Tawar Padang 25131 Telp. (0751) 7051260 Fax. (0751) 7055628
website : <http://www.unp.ac.id/> e-mail : info@unp.ac.id

MOVING STUDY PROGRAM

I am the undersigned below:

Name : _____ TM/NIM _____

Study Program : _____

Faculty : _____

Level of Program/Educa : _____

Please move to:

Study Program : _____

Faculty : _____

Level of Program/Educa : _____

Reason to Move : 1. _____

2. _____

Padang, _____
Applicant,

NIM.

Acknowledging/Agreeing :

Dean of Faculty,

Head of Department/Prodi Coordinator,

NIP.

NIP.

APPROVAL OF ACCEPTING DEPARTMENT/FACULTY

Acceptable in the Department : _____ and transferred
courses are listed below :

Dean of Faculty,

Head of Department/Prodi Coordinator,

NIP.

NIP.



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NO	COURSE CODE	COURSE NAME	SKS	GROUP
1				
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BAK HEAD NOTES

The student has been transferred from the Study Program _____
to Study Programs: _____ starting from the semester
_____ Academic year _____

Padang, _____
Head of Academic and Student Affairs,

Diyan Rahmawati Rahmad, ST., MM.
NIP. 197810282000032001