

**UJIAN AKHIR SEMESTER GASAL TA. 2018/2019**

MATA KULIAH :

HARI/TANGGAL :

WAKTU :

DOSEN :

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**SOAL A (NAMA DOSEN)**

No. Soal Bobot Nilai

**SOAL B (NAMA DOSEN)**

No. Soal Bobot Nilai