**PROGRESS REPORT MAHASISWA PROGRAM DOKTOR/S3 ILMU KEDOKTERAN GIGI**

**FAKULTAS KEDOKTERAN GIGI UNIVERSITAS GADJAH MADA**

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

No. Mhsw : ......................................................................................................................................

Tanggal Masuk : ......................................................................................................................................

Status Biaya : ......................................................................................................................................

Asal Instansi : ......................................................................................................................................

Judul Penelitian : ......................................................................................................................................

Promotor : ......................................................................................................................................

Ko Promotor : ......................................................................................................................................

Konsultan : ......................................................................................................................................

**Progress Report sampai tanggal :**

**Kendala yang dihadapi :**

**Rencana untuk semester y.a.d :**

Yogyakarta

Mengetahui, Mahasiswa S3

Promotor

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