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| Nama Auditee | : |  |
| Periode Semester | : | Gasal / Genap (coret yang tidak perlu) |
| Tahun Akademik | : |  |
| Tanggal Audit | : |  |
| Nama Auditor | : |  |

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| No. | KTS/OB | Temuan | Lokasi Temuan | Bukti Temuan | Referensi |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
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| Disusun oleh, | Disetujui oleh, |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Kepala Lembaga Penjamin Mutu* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Auditee* |