



MINISTRY OF EDUCATION, CULTURE, RESEARCH, AND TECHNOLOGY  
 UNIVERSITAS SEBELAS MARET, FACULTY OF AGRICULTURE  
**AGRICULTURAL EXTENSION AND COMMUNICATION STUDY PROGRAMME**  
 Jl. Ir. Sutami No. 36A Kentingan Surakarta Phone/Fax. (0271) 637457 Ext. 143  
 website: [www.pkp.fp.uns.ac.id](http://www.pkp.fp.uns.ac.id) email: [prodi.pkp.uns@gmail.com](mailto:prodi.pkp.uns@gmail.com)

Subject : **Proposal of Title of *Skripsi* (Final Project)**

**FORM S-1**

The Commission of Bachelor's Degree Programme  
 in Agricultural Extension and Communication  
 Faculty of Agriculture, Universitas Sebelas Maret  
 Surakarta

I, the undersigned, a lecturer of the Food Science and Technology Study Programme:

Full Name : .....  
 Employment ID Number : .....

acting in my capacity as the Academic Advisor of the following student:

Full Name : .....  
 Student Registration Number : .....  
 Study Programme : Agricultural Extension and Communication

hereby declare that he or she \*\*) has been attempting the number of course credits as follows:

The number of course credits already attempted : \_\_\_\_\_ credits  
 The number of course credits being attempted : \_\_\_\_\_ credits  
 Total : \_\_\_\_\_ credits

Based on the existing regulations, the student concerned has fulfilled the requirements for proposing the prospective research titles as to prepare his/her \*\*) *skripsi* (final project), namely:

Prioritised Research Title I \*) : .....  
 .....  
 Prioritised Research Title II \*) : .....  
 .....

Thank you for your consideration and cooperation.

Surakarta, \_\_\_\_\_  
 Academic Advisor

\_\_\_\_\_  
 Employment ID No:

Notes:

- \*\*\*) Strike out if not applicable
- \*) Short proposal regarding the proposed titles should be made in three (3) copies and extended to:
  1. The Academic Advisor
  2. The Commission of Bachelor's Degree Programme in Agricultural Extension and Communication C/O Academic Division of Agricultural Extension and Communication Study Programme (original)
  3. The student concerned

Subject : *Skripsi* Supervision and Guidance

**FORM S-2**





MINISTRY OF EDUCATION, CULTURE, RESEARCH, AND TECHNOLOGY  
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Mr./Mrs. 1. \_\_\_\_\_ (Supervisor)  
 2. \_\_\_\_\_ (Co-supervisor)

Agricultural Extension and Communication Study Programme  
 Faculty of Agriculture, Universitas Sebelas Maret  
 Surakarta

The Commission of Bachelor's Degree Programme in Agricultural Extension and Communication hereby declares that based on the resolutions of meeting held on ....., the following student:

Full Name : .....  
 Student Registration Number : .....  
 Study Programme : Agricultural Extension and Communication  
 Title of *Skripsi* (Final Project) Approved : .....  
 .....  
 .....  
 .....

Supervisor : \_\_\_\_\_  
 Co-Supervisor : \_\_\_\_\_

We, therefore, kindly ask for your willingness to supervise and guide the student concerned from preparing the research proposal to completing the *skripsi* (final project).

Thank you for your consideration and cooperation.

Head of Study Programme \_\_\_\_\_  
 Surakarta, \_\_\_\_\_  
 Head of the Commission of Bachelor's Degree  
 Programme in Agricultural Extension  
 and Communication

\_\_\_\_\_  
 Employment ID No.: \_\_\_\_\_

- This Form S-2 should be made in 5 (five) copies and extended to:
1. The Supervisor
  2. Co-supervisor
  3. the Academic Advisor
  4. The Commission of Bachelor's Degree Programme in Agricultural Extension and Communication C/O Academic Division of Agricultural Extension and Communication (Original)
  5. The student concerned

**DECLARATION OF SKRIPSI COMPLETION PLAN**



I, the undersigned:

Full Name : .....  
 Student Registration : .....  
 Number : .....  
 Study Programme : Agricultural Extension and Communication

declare that the procedure I am going to go through in the skripsi completion plan, comprise the following:

No.	Description	Information (Week... , Month..., Year...)
1.	Seminar on Proposal	
2.	Research Implementation	
3.	Skripsi Writing	
4.	Seminar on Research Results	
5.	Skripsi Examination	

Surakarta, .....

Student,

\_\_\_\_\_  
 Student Reg. No.:

Attested/Approved by  
 Supervisor:

\_\_\_\_\_  
 Employment ID No.:

This form should be made in 5 (five) copies: and extended to

1. Supervisor
2. Co-supervisor
3. The Commission of Bachelor's Degree Programme in Agricultural Extension and Communication  
 C/O Academic Division of Agricultural Extension and Communication (Original)
4. The student concerned

**FORM S-3**

## DECLARATION OF





**SEMINAR ON RESEARCH PROPOSAL**  
 as a requirement for *Skripsi* (Final Project) Completion

The Commission of Bachelor's Degree Programme in Agricultural Extension and Communication hereby declares that:

Full Name : .....  
 Student Registration Number : .....  
 Study Programme : Agricultural Extension and Communication  
 Date of Outline : .....

conducted the seminar on research proposal as to prepare the *skripsi* (Final Project) on:

Day : .....  
 Date : ..... (on \*time/overdue) (\*Strike out if not applicable)  
 Time : .....  
 Venue : .....  
 Title of Skripsi (Final Project) : .....

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

The research supervisors are as follows:

POSITION	FULL NAME	SIGNATURE
Supervisor		
Co-supervisor		

Head of Study Programme

Surakarta, \_\_\_\_\_  
 Head of the Commission of Bachelor's Degree Programme in Agricultural Extension and Communication

\_\_\_\_\_  
 Employment ID No.:

\_\_\_\_\_  
 Employment ID No.:

Notes: This Form should be made in three (3) copies and extended to:

1. The Academic Advisor
2. The Commission of Bachelor's Degree Programme in Agricultural Extension and Communication C/O Academic Division of Agricultural Extension and Communication (Original)
3. The student concerned

**FORM S-3a**

**DECLARATION OF**  
**SEMINAR ON RESEARCH RESULTS**





as a requirement for *Skripsi* (Final Project) Completion

The Commission of Bachelor's Degree Programme in Agricultural Extension and Communication hereby declares that:

Full Name : .....  
 Student Registration Number : .....  
 Study Programme : Agricultural Extension and Communication

conducted the seminar on research results on:

Day : .....  
 Date : .....(on time/overdue\* (\*Strike out if not applicable))  
 Time : .....  
 Venue : .....  
 Title of *Skripsi* (Final Project) : .....

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

with the score of the seminar on research results: \_\_\_\_\_ (\_\_\_\_\_)

The research supervisors are as follows:

Position	Full Name	Signature
Supervisor		
Co-supervisor		

Head of Study Programme

Surakarta, \_\_\_\_\_  
 Head of Commission on Bachelor's Degree  
 Programme in Agricultural Extension and  
 Communication

\_\_\_\_\_  
 Employment ID No.

\_\_\_\_\_  
 Employment ID No.:

This form should be made in three (3) copies and extended to:

1. The Academic Advisor
2. The Commission of Bachelor's Degree Programme in Agricultural Extension and Communication  
 C/O Academic Division of Agricultural Extension and Communication Study Programme (original)
3. The student concerned

Subject : *Skripsi* Exam Registration

**FORM S-4**

The Commission of Bachelor's Degree Programme in  
 Agricultural Extension and Communication





MINISTRY OF EDUCATION, CULTURE, RESEARCH, AND TECHNOLOGY  
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Faculty of Agriculture, Universitas Sebelas Maret  
 Surakarta

Dear Sirs/Madams,

I, the undersigned, a student of Faculty of Agriculture, Universitas Sebelas Maret:

Full Name : .....  
 Student Registration Number : .....  
 Study Programmme : Agricultural Extension and Communication  
 Title of *Skripsi* (Final Project) : .....

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

hereby declare that I have received approval from my research supervisors to have a *skripsi* examination.

My research supervisors are as follows:

Full Name	Employment ID No.	Position	Signature
		Supervisor	
		Co-supervisor	

Surakarta, \_\_\_\_\_  
 Student

\_\_\_\_\_  
 Student Reg.No.

This form should be made four (4) copies and extended to:

1. The Supervisor
2. The Co-supervisor
3. The Commission of Bachelor's Degree Programme in Agricultural Extension and Communication  
 C/O Academic Division of Agricultural Extension and Communication Study Programme (original)
4. The student concerned



**SEMINAR ON PROPOSAL**

As a requirement for  
 SKRIPSI PREPARATION





Full Name : .....

Student Registration Number : .....

Study Programme : Agricultural Extension and Communication

Title of Skripsi (Final Project) : .....

.....

.....

Register of Attendance to Seminar on Proposal

No.	Student Reg. No.	Full Name	Signature
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

This form should be made in three copies and extended to:

1. Academic Supervisor
2. The Commission of Bachelor's Degree Programme in Agricultural Extension and Communication C/O Academic Division of Agricultural Extension and Communication Study Programme (original)
3. The student concerned

**APPENDIX**

**SEMINAR ON RESEARCH RESULTS**

As a requirement for  
SKRIPSI PREPARATION





MINISTRY OF EDUCATION, CULTURE, RESEARCH, AND TECHNOLOGY  
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Full Name : .....  
 Student Registration Number : .....  
 Study Programme : Agricultural Extension and Communication  
 Title of Skripsi (Final Project) : .....  
 .....  
 .....

Register of Attendance to Seminar on Proposal

No.	Student Reg. No.	Full Name	Signature
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

This form should be made in three copies and extended to:

1. Academic Supervisor
2. The Commission of Bachelor's Degree Programme in Agricultural Extension and Communication C/O Academic Division of Agricultural Extension and Communication Study Programme (original)
3. The student concerned

**DECLARATION OF**  
**ANTENDING SEMINARS ON PROPOSALS & RESEARCH RESULTS**

I, the skripsi supervisor of the following student:

Full Name : .....  
 Student Registration : .....  
 Study Programme : Agricultural Extension and Communication





hereby declare that the student concerned has attended the seminars as follows:

**SEMINARS ON PROPOSALS OF AGRICULTURAL EXTENSION AND COMMUNICATION STUDY PROGRAMME**

Number	Day/Date	Presenter	Research title	Signature of Seminar Supervisor
1.				
2.				
3.				
4.				

**SEMINARS ON RESEARCH RESULTS OF AGRICULTURAL EXTENSION AND COMMUNICATION STUDY PROGRAMME**

Number	Day/Date	Presenter	Research title	Signature of Seminar Supervisor
1.				
2.				
3.				
4.				
5.				
6.				
7.				

**SEMINARS ON PROPOSALS OF NON-AGRICULTURAL EXTENSION AND COMMUNICATION STUDY PROGRAMMES**

Number	Day/Date	Presenter	Research title	Signature of Seminar Supervisor
1.				
2.				
3.				

The student concerned has fulfilled the requirements to conduct a seminar on research results as to prepare his or her\*) *skripsi*.

\*) strike out if not applicable

Surakarta,.....  
 Supervisor

-----  
 Employment ID No.:

Subject : The Board of Examiners of the *Skripsi* Exam  
 Encl. : Study Results

**FORM S-5**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_





MINISTRY OF EDUCATION, CULTURE, RESEARCH, AND TECHNOLOGY  
 UNIVERSITAS SEBELAS MARET, FACULTY OF AGRICULTURE  
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Dear Sirs/Madams,

In conjunction with the implementation of Skripsi (Final Project) exam for the following student:

Full Name : .....  
 Student Registration Number : .....  
 Study Programme : Agricultural Extension and Communication  
 Title of *Skripsi* (Final Project) : .....

It is hereby notified that the exam will be conducted on:

Day : .....  
 Date : .....  
 Time : .....  
 Venue : .....

The Commission of Bachelor's Degree Programme in Agricultural Extension and Communication hereby stipulates the Board of Examiners as follows:

POSITION	NAME	EMPLOYMENT ID NO.	SIGNATURE
Examiner I			
Examiner II			
Examiner III			

Surakarta, \_\_\_\_\_

Head of the Commission of Bachelor's Degree Programme in Agricultural Extension and Communication

\_\_\_\_\_  
 Employment ID NO.:

This Form should be made in five (5) copies and extended to:

1. Examiner I
2. Examiner II
3. Examiner III
4. The Commission of Bachelor's Degree Programme in Agricultural Extension and Communication  
 C/O of the Academic Division of Agricultural Extension and Communication Study Programme  
 (original)
5. The student concerned

**FORM S-6**

Subject : **OFFICIAL REPORT OF SKRIPSI EXAMINATION**  
 Encl. : Description of *Skripsi* Title Change

We hereby notify that on:





MINISTRY OF EDUCATION, CULTURE, RESEARCH, AND TECHNOLOGY  
 UNIVERSITAS SEBELAS MARET, FACULTY OF AGRICULTURE  
**AGRICULTURAL EXTENSION AND COMMUNICATION STUDY PROGRAMME**  
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 website: [www.pkp.fp.uns.ac.id](http://www.pkp.fp.uns.ac.id) email: [prodi.pkp.uns@gmail.com](mailto:prodi.pkp.uns@gmail.com)

Day : .....  
 Date : .....  
 Time : .....  
 Venue : .....

the *Skripsi* examination was hold for:

Full Name : .....  
 Student Registration Number : .....  
 Study Programme : Agricultural Extension and Communication  
 Title of *Skripsi* (Final Project) : .....

**The result of examination : The examinee is declared PASSED without revision/PASSED with revision/FAILED (Strike out if not applicable\*)**

**The revision shall be made within : \_\_\_\_\_ month(s)**

**The score (Scale 100) attempted : .....**

**Number of credits : ..... Credits**

**Student**

The Board of Examiner  
**Full Name**

\_\_\_\_\_

\_\_\_\_\_

Student Reg. No.

Employment ID No.:

\_\_\_\_\_

Employment ID No.:

\_\_\_\_\_

Employment ID No.:

Notes: Please send the *skripsi* score and the title change description with a closed cover to the Commission Bachelor's Degree Programme in Agricultural Extension and Communication C/O Academic Division of Agricultural Extension and Communication Study Programme

**DECLARATION OF**  
**Skripsi Title Change**  
 (An Attachment of *Skripsi* Official Report Examination)

The undersigned, the Research Supervisor clarifies that the *skripsi* examination was held on:





MINISTRY OF EDUCATION, CULTURE, RESEARCH, AND TECHNOLOGY  
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website: [www.pkp.fp.uns.ac.id](http://www.pkp.fp.uns.ac.id) email: [prodi.pkp.uns@gmail.com](mailto:prodi.pkp.uns@gmail.com)

Day : .....  
 Date : .....  
 Full Name : .....  
 Study Programme : Agricultural Extension and Communication  
 Title Skripsi (Final Project) : .....

The title of *skripsi* aforementioned will be **changed/not changed \***)

The title of *skripsi* is changed into:

.....  
 .....

Surakarta, \_\_\_\_\_

First Examiner,

\_\_\_\_\_  
 Employment ID No.:

This Form should be made in three (3) copies and extended to:

1. The Commission of Bachelor's Degree Programme in Agricultural Extension and Communication C/O Academic Division of Agricultural Extension and Communication Study Programme (original)
2. The main examiner
3. The student concerned

***Subject: Invitation***

Dear Mr./ Mrs. ....  
 Agricultural Extension and Communication Study Programme  
 Faculty of Agriculture, Universitas Sebelas Maret  
 Surakarta





MINISTRY OF EDUCATION, CULTURE, RESEARCH, AND TECHNOLOGY  
 UNIVERSITAS SEBELAS MARET, FACULTY OF AGRICULTURE  
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 website: [www.pkp.fp.uns.ac.id](http://www.pkp.fp.uns.ac.id) email: [prodi.pkp.uns@gmail.com](mailto:prodi.pkp.uns@gmail.com)

We, the undersigned, the Commission of Bachelor's Degree Programme in Agricultural Extension and Communication, Faculty of Agriculture, Universitas Sebelas Maret, hereby certify that the following student:

Full Name : .....  
 Student Registration Number : .....  
 Study Programme : Agricultural Extension and Communication  
 Title of *Skripsi* (Final Project) : .....

.....  
 .....  
 .....  
 has fulfilled the requirements to have the *skripsi* examination. Therefore, we kindly request your attendance as the examiners on:

Day : .....  
 Date : .....  
 Time : .....  
 Place : .....

Thank you for your attention and willingness.

Surakarta, \_\_\_\_\_  
 Head of the Commission of  
 Bachelor's Degree  
 Programme in Food Science  
 and Technology,

\_\_\_\_\_  
 Employment ID No.:

**ASSESSMENT FORM OF SEMINAR ON RESEARCH RESULTS**

**A. IDENTITY**

Full Name : .....  
 Student Registration Number : .....  
 Study Programme : .....  
 Title of *Skripsi* (Final Project) : .....

**B. INSTRUCTIONS**

**Give a score according to the scale, with the following conditions:**





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 website: [www.pkp.fp.uns.ac.id](http://www.pkp.fp.uns.ac.id) email: [prodi.pkp.uns@gmail.com](mailto:prodi.pkp.uns@gmail.com)

Score Range (Scale 100)	Grade Range (Scale 4)	
	In numbers	in letters
S > 85	4.00	A
80-84	3.70	A-
75-79	3.30	B+
70-74	3.00	B
65-69	2.70	C+
60-64	2.00	C
55-59	1.00	D
< 55	0.00	E

**Implementation of Skripsi Examination**

NO.	SCORING ASPECT	DESCRIPTION	SCORE
			(SCALE 0-100)
1.	Format and Content of the Paper	1. The effectiveness of the paper presentation	
		2. The consistency of tables and figures	
		3. The consistency and reliability in writing research conclusion	
		4. Up-to-date references, and references completion	
		5.	
2.	Presentation quality and mastery	6. The smoothness of the presentation	
		7. Scientific attitude and ability to convey the material.	
		8. Material mastery	
3.	Ability to answer questions	9. The accuracy in answering questions	
		10. The clarity and emphasis on the main sentence	
4	Additional	11. Consultation activity, timely assignment completion, neat template/ format, and creativity	
		12.	
TOTAL			

Total score

=

Final score (total score /10)

=

Final score in numbers

=

Surakarta, .....

Seminar Supervisor

Employment ID. No.:





**ASSESSMENT FORM OF SKRIPSI EXAMINATION**

**A. IDENTITY**

Full Name : .....  
 Student Registration Number : .....  
 Study Programme : .....  
 Title of Skripsi (Final Project) : .....

**B. INSTRUCTIONS:**

Give a score according to the scale, with the following conditions:

Score range (Scale 100)	Grade Range (Scale 4)	
	In numbers	In Letters
S > 85	4.00	A
80-84	3.70	A-
75-79	3.30	B+
70-74	3.00	B
65-69	2.70	C+
60-64	2.00	C
55-59	1.00	D
<55	0.00	E

**C. Implementation of Skripsi Examination**

NO.	SCORING ASPECT	DESCRIPTION	SCORE
			(SCALE 0-100)
1.	Quality	1. The language, accuracy, and clarity of the editorial.	
		2. Systematic writing and writing format	
		3. Content breadth and depth	
		4. Methodology	
		5. Benefits	
		6. Originality	
2.	Presentation	7. Presentation fluency	
		8. Scientific attitude and ability to discuss/ argue	
		9. Mastery of material	
3.	Additional	10. Consultation activity, timely assignment completion, neat template/ format, and creativity	
TOTAL			

Total score =  
 Final score (Total score/10) =  
 Final score in numbers =  
 Surakarta, .....

Examiner,

\_\_\_\_\_

Employment ID No.:





### **ASSESSMENT RECORD OF SEMINAR ON RESEARCH RESULTS**

Full Name : .....  
Student Registration Number : .....  
Study Programme : Agricultural Extension and Communication  
Title of Skripsi (Final Project) : .....

No	Full Name of Examiner	Score
1		
2		
3		

Average score = ..... / 2 = .....

Surakarta, .....  
Supervisor

.....  
Employment ID No.:







**ASSESSMENT RECORD OF SKRIPSI EXAMINATION**

Full Name : .....  
Student Registration Number : .....  
Study Programme : Agricultural Extension and Communication  
Title of Skripsi (Final Project) : .....

No	Full Name of Examiner	Score
1		
2		
3		

Average score = ..... / 3 = .....

Surakarta, .....  
Head of the Board of Examiners

(Examiner 1)  
.....  
Employment ID No.:





**CONSULTATION MONITORING SHEET**

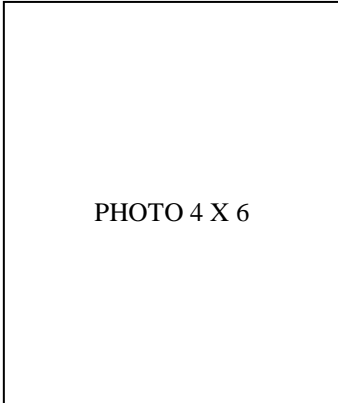
DATE	MONITORING RESULTS	DATE OF NEXT CONSULTATION	SUPERVISOR SIGNATURE





**BIOGRAPHY OF UNIVERSITAS SEBELAS MARET GRADUATE**

- 1. FULL NAME : .....
- 2. STUDENT REGISTRATION NUMBER : .....
- 3. FACULTY/ STUDY PROGRAM : .....
- 4. UNS ADMISSION SELECTION : PMDK / UTUL / TRANSFER / NON REGULER
- 5. PLACE/DATE OF BIRTH : .....
- 6. RELIGION : .....
- 7. YEAR OF GRADUATION : .....
- 8. GENDER : .....
- 9. STATUS : .....
- 10.HOME ADDRESS & PHONE NUMBER : .....
  
- 11.PARENT'S NAME : .....
- 12.PARENT'S OCCUPATION : .....
- 13.ADDRESS : .....
  
- 14. SKRIPSII/PAPER'S TITLE : .....
- .....
- .....
- .....
  
- 15.GRADE POINT AVERAGE : .....
- 16.HEIGHT /WEIGHT : .....cm.....kg.



Surakarta, .....  
Graduate,  
.....





## STUDENT IDENTITY

### STUDENT DETAILS:

1. Full Name : .....
2. Student Registration Number : .....
3. Place/ date of birth : .....
4. Gender : Male / Female \*)
5. Religion : .....
6. UNS admission selection : PMDK / PBUS / SNPTN REG / SNPTN SWA \*)  
School of Origin (High School/equivalent) : .....
7. Year of Graduation : .....
8. National exam score : .....
9. Home address : .....
  
- Telephone/Mobile Phone & Postal code : .....
10. Student's address (boarding house) in Solo : .....
  
11. Hobbies \*\*)
  - a. Sports : .....
  - Acheivement : .....
  - b. Arts : .....
  - Acheivement : .....
  - c. Other fields : .....
  - Acheivement : .....

### PARENT/GUARDIAN DETAILS

- A. Father
  - 1 Name : .....
  - . : .....
  - 2 Home address : .....
  - . : .....
  - Telephone/mobile number : .....
  - 3 Occupation : .....
  - . : .....
  - Work address : .....
  - Telephone/ mobile number : .....
  - 4 Status : Alive / dead \*)
  - . : .....

### B. Mother



MINISTRY OF EDUCATION, CULTURE, RESEARCH, AND TECHNOLOGY  
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*website: [www.pkp.fp.uns.ac.id](http://www.pkp.fp.uns.ac.id) email: [prodi.pkp.uns@gmail.com](mailto:prodi.pkp.uns@gmail.com)*

---

- 1 Name : .....
- .  
2 Occupation : .....
- .  
Work address : .....
- Telephone/ mobile : .....
- number
- 3 Status : Alive / dead \*)
- .

Surakarta,.....  
Sincerely,

.....

**Notes:**

1. Print clearly
2. \*) Strike out if not applicable
3. \*\*) Write the type(s)/name(s)

