

FORMULIR PENDAFTARAN BEASISWA

FAKULTAS KEGURUAN DAN ILMU PENDIDIKAN

UNIVERSITAS LAMPUNG

Lampiran : Satu Berkas Bandar Lampung,................................2019

Perihal : **Permohonan Beasiswa Kartu Jakarta**

 **Mahasiswa Unggul**

Yth. Rektor Universitas Lampung

c.q. Wakil Rektor Bidang Kemahasiswaan dan Alumni

Jl. Prof. Dr. Soemantri Brojonegoro No. 1

di

Bandar Lampung

Dengan hormat,

Yang bertanda tangan dibawah ini:

1. Nama : ...............................................................................................

2. Tempat Tanggal Lahir : ...............................................................................................

3. Umur : ...............................................................................................

4. Alamat : ...............................................................................................

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

5. Nomor Pokok Mahasiswa (NPM) : ...............................................................................................

6. Mahasiswa Jurusan/ Program Studi : ...............................................................................................

7. Fakultas : KIP

8. IPK Semester 1 s.d. yang diduduki : ...............................................................................................

9. Status : ...............................................................................................

10. Nama Ayah : ...............................................................................................

11. Nama Ibu : ...............................................................................................

12. Perkerjaan Ayah :...............................................................................................

13. Pekerjaan Ibu : ...............................................................................................

14. Penghasilan Ayah Perbulan : ...............................................................................................

15. Penghasilan Ibu Perbulan : ...............................................................................................

16. Jumlah Tanggungan Orang Tua : ...............................................................................................

17. Status Anak Yatim/Piatu : ...............................................................................................

18. No. Telepon/HP : ...............................................................................................

19. Rekening Bank BNI Aktif :...............................................................................................

20. Nama Kakak/ Adik sedang menerima

 Beasiswa/ Jenis Beasiswa Nama : ................

 Jenis Beasiswa : ................

 Fakultas : ................

Mohon dipertimbangkan untuk mendapat beasiswa mengingat...................................................................

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Atas perhatian dan Bantuan Bapak, Saya ucapkan terima kasih.

Hormat Saya,

Materai Rp. 6.000

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NPM......................................