**INSTITUT TEKNOLOGI DAN BISNIS HAJI AGUS SALIM BUKITTINGGI**

**KARTU BIMBINGAN AKADEMIK (PA) SEMESTER………./TA…………….**

|  |  |  |
| --- | --- | --- |
| **NAMA** | **:** | **......................................................................** |
| **NO NIM** | **:** | **......................................................................** |
| **PRODI/SEMESTER** | **:** | **......................................................................** |
| **NAMA DOSEN PA** | **:** | **......................................................................** |

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| --- | --- | --- | --- |
| **NO** | **TANGGAL BIMBINGAN** | **JENIS KEGIATAN BIMBINGAN** | **TANDA TANGAN PA** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |

**CATATAN :**

*1. Mahasiswa di haruskan Konsultasi Minimal 3x Dalam 1 Semester (Saat Pengisian KRS, Sebelum UTS dan sebelum UAS)*

*2. Syarat Pengambilan Kartu Ujian Mahasiswa Wajib Mengumpulkan Kartu Bimbingan PA*