

**KEMENTERIAN AGAMA REPUBLIK INDONESIA**

**INSTITUT AGAMA ISLAM NEGERI LHOKSEUMAWE**

**FAKULTAS SYARIAH**

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Kecamatan Muara Dua - Kota Lhokseumawe

Telepon. (0645) 47267; Faksimili. (0645) 40329; Kode Pos: 2435

**FORMULIR PENDAFTARAN ON THE JOB TRAINING (OJT)**

Kepada

Yth. **Wakil Dekan Bidang Akademik**

**Fakultas Syariah IAIN Lhokseumawe**

Yang bertanda tangan dibawah ini :

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| --- | --- | --- |
| Nama | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Nim | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Jurusan | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| No.HP | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Mengajukan permohonan untuk On The Job Training (OJT) dengan instansi sebagai berikut :

|  |  |  |
| --- | --- | --- |
| Nama Instansi | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Alamat Instansi | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Telepon Kantor | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Contact Person | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |

Demikian permohonan kami, atas perhatiannya kami ucapkan terimakasih.

Lhokseumawe, September 2020

Mengetahui Mahasiswa,

Ketua Jurusan

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