**STATEMENT OF ACTIVE STUDENT**

Number: ............ /UN7.5.7.5.3/DL/2021

The undersigned:

Name : **Dra. Retno Nur Kadarwati B.**

Employee ID Number (NIP) : 196503231992032003

Rank, Class, Group : First Class Administrator (IV/b)

Position : Head of administration

At school/college : Faculty of Social and Political Sciences

 Universitas Diponegoro Semarang

Stated that:

Name : .................................

Student ID Number (NIM) : .................................

Department/Study program : Master of Communication Science

Email address : xxxxxx@xxx.com

Phone No. : 0811111111111

In the Academic Year : 2019/2020

Is true a student at : Faculty of Social and Political Sciences

 Universitas Diponegoro Semarang

And the parent of the student is :

N a m e :.................................

NIP / NRP / KTP (ID Number) : .................................

Rank/Class : .................................

I n s t i t u t i o n : .................................

This statement is truly made, and if this statement is not true, which results in loss to the State of the Republic of Indonesia, then I am willing to bear the loss.

|  |  |
| --- | --- |
|  | Semarang, .........................2021a.n.DeanVice-Dean Iu.b. Head of Administration Department**Dra. Retno Nur Kadarwati B.**NIP196503231992032003 |