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| **A. BUTIRAN PELAJAR** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nama |  | |  | | |  | | | |  | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | |  | | | |  | | | |  | | |  | | | |  | | | |
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| Program |  | |  | | |  | | | |  | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | |  | | | |  | | | |  | | |  | | | |  | | | |
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| Semester |  | |  | | | | | |  | |  | | | | |  | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | |  | |
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| *ID* Pelajar |  |  | | | | |  | | | | |  | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |
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| Tarikh Latihan |  |  | | | | | / | | | | |  | |  | | | | | / | | | | |  | | | | |  | | | | |  | | | | |  | | | | |
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| **B. MARKAH PENILAIAN & KOMEN** | | | | | |
|  |  |  |  | |  |
| **No.** | **Perkara** | **Markah**  **Penuh** | **Markah** | **Komen *(Jika Ada)*** | |
| 1 | Laporan Harian | 50 |  |  | |
| 2 | Pengesahan mingguan oleh Pegawai Penyelia | 20 |  |  | |
| 3 | Penulisan & tatabahasa | 20 |  |  | |
| 4 | Kekemasan Laporan | 10 |  |  | |
|  |  |  |  |  | |
| **Jumlah** | | **100** |  |  | |
|  | |  |  |  | |
| **C. PENGESAHAN PEGAWAI YANG MENILAI** | | | | | |
|  | | | | | |
|  | | Catatan (Jika Ada) | | | |
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| Tandatangan & Cap Jawatan | | Tarikh: \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_\_ | | | |