**SURAT PERNYATAAN PEMBERIAN IZIN**

Yang bertanda tangan di bawah ini:

Nama : .....................................................................................................................................

Wali/Orang tua dari : .....................................................................................................................................

Pekerjaan : .....................................................................................................................................

Alamat : .....................................................................................................................................

No. Telp. : ……………………………………………………………………………………………...

menyatakan memberikan izin untuk mengikuti kegiatan INNOVATION CAMP bagi peserta seleksi INNOVATION CAMP berikut ini:

Nama Peserta : ...........................................................................................................................................

NIM : ...........................................................................................................................................

Prodi/Jurusan : ...........................................................................................................................................

Alamat rumah : ...........................................................................................................................................

 ..........................., .....................................2016

Calon Mahasiswa, Orang tua/wali

Meterai

Rp6000,-

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

(Nama terang) (Nama terang)