

Formulir Pendaftaran

Audisi Pewara

Universitas Negeri Semarang

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

Tempat/tgl lahir : .....................................................................................................

Usia : ......................................................................................................

Jenis Kelamin : ......................................................................................................

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

Fakultas/Unit kerja : ......................................................................................................

Telp/HP : ......................................................................................................

Email : .......................................................................................................

Hobi/Keahlian : .......................................................................................................

Pengalaman dibidang pewara : .......................................................................................................

(ceritakan sedikitpengalamanmu) .......................................................................................................

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Sekretariat :

BAGIAN UPT PUSAT HUMAS

UNIVERSITAS NEGERI SEMARANG

GEDUNG H LANTAI 2 UNNES

TELP (024) 8508093

NB Menyerahkan photo personal ukuran postcard berwarna

Tanggal :

Nomor Pendaftaran :