**AGENDA HARIAN PRAKTIK PENGALAMAN LAPANGAN**

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

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

Program Studi/Fakultas : .............................................................

Tempat PPL : .............................................................

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| **No** | **Hari/Tanggal** | **Uraian Kegiatan** | **Tanda Tangan**  **Guru Pamong** |
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Jombang, ..................2025

Kepala Sekolah/Ketua Instansi

*Stempel sekolah/isntansi*

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