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| National Yunlin University of Science and Technology Student Appeal Form |
| Name |  | Student ID |  |
| Department |  | Grade |  |
| ResidentialAddress |  | MobilePhone |  |
| Original Decision-Making Authority (Personnel) | (e.g., XX Division/Department; XX Department Professor XXX) |
| Appeal Request: | (e.g., request for cancellation, suspension, etc.) |
| Facts | (Explain the reasons and events) |
| Evidence |  |

Respectfully submitted to, Student Appeal Review Committee

National Yunlin University of Science and Technology

Appellant Signature: The date: