|  |  |  |  |
| --- | --- | --- | --- |
| National Yunlin University of Science and Technology  Student Appeal Form | | | |
| Name |  | Student ID |  |
| Department |  | Grade |  |
| Residential  Address |  | Mobile  Phone |  |
| 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: