

中州科技大學 學生申訴申請表 編號：_____

Chung Chou University of Science and Technology Student Appeal Form No: _____

申訴主體 Appeal Object	<input type="checkbox"/> 學生 Student <input type="checkbox"/> 學生會 Student Association <input type="checkbox"/> 其他相關學生自治組織 Other Student Unions (請說明：_____)				
姓名 (負責人) Student Name		系級 Department/ Class		學號 Student ID Number	
通訊住址 Corresponding Address				電話 Phone Number	
電子郵件 E-mail					

一、申訴事實及理由：

(申訴事實—應載明原懲戒處分之文別、其他措施或決議及事實大略

申訴理由—應載明原懲戒處分、其他措施或決議違背本校章則或不當之具體理由及證據)

Facts and reasons of the appeal (Facts- Please indicate specifically the docket number of the disciplinary sanction, other resolutions or decisions this appeal involves, as well as a summary of the facts related to this appeal. Reasons- Please provide specific reasons and evidence that support this appeal by stating how the disciplinary sanction, other resolutions or decisions imposed were inappropriate for the violations or violate the University's Rules and Regulations.)

二、希望獲得之補救：

Please provide a statement of the relief you seek.

三、檢附文件及證據：

Please provide copies of documents and evidence on which you intend to rely at the hearing.
(Please staple the documents by sequence and attach to the form)

申訴人簽名 Appellant's Signature		申請日期 (YYYY/MM/DD)	年 月 日
申訴評議委員會受理日期 (由委員會填寫) Processed Date of the Committee (Authorized officer use only)			

收執聯
Receipt

編號： _____
No: _____

茲收到 _____ 同學之申訴申請表一份
Received an appeal form from _____

簽收人：
(Receiver's Signature)

簽收日期：
(Received Date)