

Appendix III. National Taiwan University Semester Grade Review Request Form

Student Name:	Student ID No.:	Dept/Inst:	Tel:
Course Title:	Course No.: Grade:	Instructor:	Date of Application:
Grounds for grade review request: (If more space is needed, include additional information on a separate sheet of paper.)			
Section below to be filled out by the instructor			
Instructor Response: (Please reply within ten days.) (If more space is needed, include additional information on a separate sheet of paper.)			
Review Result	<input type="checkbox"/> Maintain the original grade assigned. <input type="checkbox"/> Grade changed to _____ and reported to the Office of Academic Affairs for revision.		
Instructor's Signature:	/ / (MM/DD/YYYY)	Tel:	

- ※ (1) If the student accepts the review result, no further action needs to be taken by the responsible unit.
- (2) If the student does not accept the review result, they may file an appeal to the responsible unit within ten days starting from the next day of receiving the review result from the instructor.

Responsible Unit's Review Result (Please reply within ten days.)	This case was reviewed by the responsible department/institute/program/office/division in the ____ meeting held on ____/____/____ (MM/DD/YYYY) and a resolution was made to: <input type="checkbox"/> Maintain the original grade assigned. <input type="checkbox"/> Request that the instructor reassess the student's grade. Responsible Unit : Signature of Director/Chair: / / (MM/DD/YYYY)
--	--

- ※ If the student does not accept the review result passed by the responsible unit in a meeting with signature of approval by the unit's director/chair, an appeal must be filed to the Student Grievance Committee from the next day of receiving the review result from the responsible unit.

..... TEAR HERE.....

Semester Grade Review Request Form (receipt copy for the responsible unit)

Student Name:	Student ID No.:	Dept/Inst:	Tel:
Course Title:	Semester Grade:	Instructor:	Responsible Unit:
Request submitted to the unit on / / (MM/DD/YYYY) and accepted by: (sig.)			

..... TEAR HERE.....

Semester Grade Review Request Form (receipt copy for submission to the instructor)

Student Name:	Student ID No.:	Course Title:	Semester Grade:
Request submitted to the instructor on / / (MM/DD/YYYY) and accepted by: (sig.)			