臺北醫學大學學生複查成績申請表

Taipei Medical University Grade Review Application Form

學生填寫欄 Filled out by the student　　申請日期 Date of Application：　　年(yyyy)　月(mm)　日(dd)

姓名(親簽) Student's Signature		學號 Student ID	
系所學位學程 Department		年級 Grade	
科目名稱 Course Title		授課老師 Instructor	
學期別 Semester	學年度 Academic Year 第　　學期 Semester	聯絡電話 Phone	(H) (C) (O)
事由 Reasons for Review			

註冊組承辦人 Officer of Registration Section	授課教師 Instructor	主任 / 所長(開課單位) Director of the Department (Institute of the Course Unit)
	查核結果說明，檢附複查試卷 Check results and provide test papers	
註冊組組長 Chief of Registration Section	副教務長 Associate Dean of Office of Academic Affairs	教務長 Dean of Office of Academic Affairs

	通知學生結果日期：　年　月　日 Date of Notification to Student (yyyy/mm/dd):			
註冊組處理結果 Registration Section Final Result	承辦人 Officer		組長 Chief	

注意事項 Note：

1.申請前請詳閱本校「學生成績處理要點」。
Please read "TMU Directives Governing for Students' Academic Grades" carefully before application.

2.提出時間：第一學期為 1 月 31 日前；第二學期為 7 月 31 日前。經同意緩繳之成績已逾前述期限，得依教師送出該科成績日後七個工作日內提出申請。
In first semester, application should be proposed before January 31st. In Second semester, it should be proposed before July 31st. If the course is approved "Delayed Grade Submission", student is allowed to apply "Grade Review Application Form" within 7 working days after the Instructor submitted the grade.

*** The Chinese version of this document shall prevail in case of any discrepancy or inconsistency between Chinese version and its English translation.**