臺北醫學大學學生申訴書

Taipei Medical University Student Appeal Form

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| 申訴人姓名  Name of Complainant | |  | 系級  Year &  Department |  | | 學號Student ID # |  |
| 出生年月日  Date of Birth | |  | 身分證號碼  ARC Number | | |  | |
| 住居所  Residential Address | |  | | | | 電話  Tel No.: | |
| 通訊地址  Mailing Address | |  | | | | 手機  Mobile No.: | |
| 代理人/代表人姓名  Representative (if applicable) | |  | | | |  | |
| 出生年月日  Date of Birth | |  | 身分證號碼  Identity Card Number | | |  | |
| 住居所  Residential Address | |  | | | | 電話  Tel No.: | |
| 通訊地址  Mailing Address | |  | | | | 手機  Mobile No.: | |
| 原措施單位  Department whose action is being appealed: | | | | | | | |
| 收受（或知悉）措施之年月日  The date on which the complainant learned about the decision: | | | | | | | |
| 壹、申訴之事實及理由  (1) Details of the Complaint: | | | | | | | |
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| 貳、希望獲得之具體補救  (2) Resolution, decision or compensation sought: | | | | | | | |
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|  | | | | | | | |
| 參、就本申訴事件有無提起訴願、訴訟  (3) Are Other Complaints or Legal Proceedings Pending? | | | | | | | |
| □ 無No | | | | | | | |
| □ 有Yes (請說明Please explain) ) | | | | | | | |
| 肆、提起申訴之年月日  (4) Date submitted: | | | | | | | |
| 伍、相關檢附文件及證據（列舉於下，並裝訂如附件）  (5) Relevant Documents and Evidence (List below, and attach to this form) | | | | | | | |
| 一、原措施文書  **I.** Written statement of the original decision/policy | | | | | | | |
| 二、其他…  **II.** Other | | | | | | | |
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| 學生申訴評議委員會  Student Appeals Evaluation Committee (SAEC) | | | | | | | |
| 申訴人 | | | Complainant （簽名及蓋章）（Signature） | | | | |
| 代理人/  代表人 | | | Representative | | （簽名及蓋章）（Signature） | | |
| (if applicable) | |
| Date (Y/M/D) | | | | | | | |
| 承辦單位紀錄  Record of the Transmission | | | | | | | |
| 收件日期  Date Received | (Y/M/D) | | 收件單位簽章  Receiver Signature | | | (Y/M/D) | |
| 撤回日期  Date of Withdrawal | (Y/M/D) | | 申訴人簽章  Complainant Signature | | | (Y/M/D) | |
| 評議期限  Review Deadline | (Y/M/D) | | 延長評議期限  Extended Review Deadline | | | (Y/M/D) | |