臺北醫學大學學生申訴書

Taipei Medical University Student Appeal Form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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: |
|  |
|  |
| 貳、希望獲得之具體補救(2) Resolution, decision or compensation sought: |
|  |
|  |
| 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 |
|  |
|  |
|  |
|  |
| 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) |