**嶺東科技大學學生申訴評議委員會**

**學生申訴案件申請書**

Student Appeals Board of Regents Ling Tung University

Application for student complaints

申請日期： 年 月 日

Date of Application : Year Month Day

|  |  |  |  |
| --- | --- | --- | --- |
| 系所班級Department of class |  | 姓名name |  |
| 學號Student ID |  | 電話Phone |  |
| 地址Address |  |
| 申訴事項及說明Complaints and description | 申訴人簽名：The complainant signature |
| 附件Accessory（佐證資料）( Supporting documentation ) |  |