

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

注意事項 Note :

1.申請前請詳閱本校「申請複查及更改成績辦法」。

Please read "TMU Regulations on Grading Re-examination and Alteration" 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。

In first semester, application should be proposed before January 31<sup>st</sup>. In Second semester, it should be proposed before July 31<sup>st</sup>.

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