

School Hearing for Grade Dispute Processing Sheet

Student's Name		Student ID		Department/Grade		Tel. No.	
Course Name		Course ID		Department/Grade		Instructor	
Type of Hearing	Score assessment: <input type="checkbox"/> Assignment <input type="checkbox"/> Mid-term <input type="checkbox"/> Final <input type="checkbox"/> Written report; Others:						
Contents of Statement							
Deliverables by Office of Academic Affairs							
Explanation provided by the Instructor							
Comments by the given department							
Attachments							
Resolution by Office of Academic Affairs							

Instructor:

Given department chair

Chief of Curriculum and Registration Division:

Dean of Academic Affairs: