

## Score/ Grade Appeal Form

	Date
Develop (thr	Associate Dean for Academic Affairs and Quality ment rough the course coordinator in subject of
	Student's
Name	Student
ID	
Grade	Contact
Number.	would like to
	ne course study results ofSemest
er	
From the	e results of
	Midterm ScorePoints
	Final ScorePoints
	Grade
	Others
	Reason/ Resons for Grade Appeal

Please kindly consider the request. Thank you
Student's signature
Student's name