



**INTERNATIONAL UNIVERSITY – VNU
HCMC
OFFICE OF QUALITY ASSURANCE &
TESTING**

GRADE APPEAL REQUEST

Student name: _____ **Student ID:** _____

School/Department: _____
Major: _____

Student Telephone Number: _____
Email: _____

I request for grade appeal in:

Subject: _____ **Subject ID:** _____

Semester: _____ **Academic year:** _____

Lecturer: _____

Room of examination: _____ **Date of examination:** _____

Score announced: _____ **Date of announcement:** _____

Student signature (required): _____
Date: _____

Received by: _____

Date of receipt : _____

Date of response: _____