國立高雄餐旅大學_____學年度第_____學期學生學業成績複查申請表

Application Form for Record Review in the school year semester at NKUHT

申請日期 Application date:: 年 月 日

学生姓名 Name		学號 Student II)			
班 級 Class		聯絡電				
複查課程名稱 Subject for review			□二技	所 Institute		
開課序號 Class serial number		一多本 分 个 Department/bran of the subje	h/class	4-year Technical School 5-year College Education		
授課老師姓名 Course instructor				_	系所 Department/institute _年級 grade班 class	
複查理由 Reasons	【由學生本人詳	written in detail by the stud	lent]			
學生簽名 Signature of the student						
注意事項 Notes	1.對於修業科目成績有疑異者,必須詳述成績複查理由,未註明者不予受理。 For students who have objections to the record of subjects, they must indicate the reasons for the review; otherwise the application will not be accepted. 2.成績複查期限,依據本校該學期行事曆教師登錄成績結束次日起2個星期內提出成績複查申請,逾期概不受理。 As to the duration of the review, the application should be submitted within 2 weeks from the next day after the teachers upload the record online with the schedule of the semester of the university. Late applications will not be accepted.					
	表上列項目後,昇 tion Group for the followin	再交由註冊組辦理後 ng record review.。				
成績複查說明 Instruction on the record review	【由授課老師詳》 written in detail by the teac		受理 複查結果 Results	日期 Acceptance dat 成績無誤 Corre 試卷評分錯誤 成績計算錯誤 成績登載錯誤 遺漏學生成績 其他 Other	ct records ° Erroneous reco Score calculation Record uploadi	on error °
授課老師簽名 Signature of the teacher			系所主任 Dean of the			
填表日期 Date		年 月 日	department/institut e			
註冊課務組承辦人 Contractor of the Registration and Curriculum Section		註冊課務組組長 Leader of the Registration and Curriculum Section		教務長 Academic dean		