Student Grievance Form, Chang Gung University

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| --- | --- | --- | --- | --- | --- |
| Name | Gender | Affiliated Program, Entering year | Student ID | Corresponding Phone No. |  |
|  |  |  |  |  |
| Corresponding  Address |  | | | |
| Major claim(s) |  | | | |
| Please provide relevant facts and evidences that substantiate your claims |  | | | |
| Proposed resolution(s) |  | | | |

**Mentor / Program Chair Appellant**

Signature Signature

Date Date