CHUNG UNIVERSITY	STUDENT APPEAL P	ETITION FORM Date :	
Name	Department	Gender	
Birth Date	Class	Student ID Number	
E-MAIL		ID Number	
Phone Number			
Residence			
Address			
Home Address			
One: The reasons and e	vents		
Two: Expected Remed	lies		
Three: Evidences			
Four: Whether a legal s	uit is filed. <u>Yes</u>	No	
This is to: Chung Hua University (	Student Complaint-Cen	sor Committee	
Siį	gnature of Appealing Stu	ident:	
	Dat	e:	
The personal information	collected in this form is or	ly used in the Student Plea and Arbitrat	tion

Committee meetings. Personal information is protected following the related regulations of Personal Information Protection Laws.

Contact Information: 707, WuFu Road Section 2, Hsinchu City, Taiwan.

Phone number: +88635186145 Email : studoff @chu.edu.tw