

Appeal Statement of National University of Kaohsiung Student Appeals Review Committee							Date of submission	
							MM/DD/YY	
Complainant's name		Complainant's student ID number		Complainant's date of birth: (MM/DD/YY)		Complainant's telephone number	(Mobile)	
Department/institute of the complainant		Gender of the complainant		Address of the complainant				
Respondent								
Suggested counselor		Person to rescue himself/herself upon request (Please check the name list of the Appeals Committee members of the current term.)						
I. Fact and reason								
II. Desired relief								
III. Related information (please specify and attach the same as an attachment)								