Grade Appeal Request Form

(Academic Year: /Semester:)

Appli	Program		Majo		Student ID		Name	
cant	Contact Number	Phone Number: Email:						
Program		Course Instructor						
Grade Received		Reason for Change						
	I hereby submit this grade appeal and kindly request your reconsideration. Thank you for your attention.							
	Date(YYYY/MM/DD):							
					Ap	pplicant :		(Sign)

After filling out this form, please submit it either by mail or directly to the professor of the respective course. For the results of your grade appeal, please contact the AIGS ffairs Support Team after the semester begins.

Grade Correction Request Form

[To be completed by the instructor]

The reason for grade changes is not accepted except in cases where the professor has lost the report, missed grading, or made a typographical error resulting in a missing grade. Please be advised that, except for these cases, even if the professor assigns a grade, it will not be reflected in accordance with academic regulations.

	Grade Correction Not Allowed	Grade Correction			
		Assigned Grade	Corrected	Grade	
Rea					
son					
	Date(YYYY/MM/DD)	Course Instruc	tor:	(Sign)	

Please submit the form directly to the AIGS office, by mail, or by fax.

The grade appeal will be processed upon the final approval of the Dean of the Graduate School.

<u>교학지원팀 처리내용</u>	
	결
	자

	주 무	팀 장	처 장	대학원장
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