Grade Appeal Form

Drug and Cosmetic Innovation Program, Graduate Study

School of Pharmacy, Walailak University

To Head of Graduate Program in Drug and Cosmetic Innovation

**➊** *Student gives the detail below*

|  |  |
| --- | --- |
| Student’s Name |  |
| Student’s ID |  |
| Student’s E-mail |  |
| Program | 🞎 MSc.  🞎 Ph.D. |
| What specific outcome do you want from this appeal?  🞎 Grade correction  🞎 Complaint about an academic policy/procedure  (Please give more detail)  ……………………………………………………………………………………………..  …………………………………………………………………………………………….. | |
| Student’s signature…..………………………..  Date……………………… | |

|  |  |
| --- | --- |
| ➋ Decision from Grad Program Committee  ……………………………………………………………………………………………..  ……………………………………………………………………………………………..  Signature…..………………………..  Head of Graduate Program  Date……………………… | |
| ➌ Decision from Head of Industry Pharmacy  ……………………………………………..  ……………………………………………..  Signature…..………………………  Date………………………….…… | ➍ Decision from Dean  ……………………………………………..  ……………………………………………..  Signature…..………………………  Date………………………….…… |
| ➌ Student notification on the decision  Date of Hearing Decision ………………………………………………………………….  Student’s signature…..……………………….. | |