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……………………… |

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