

I-SHOU UNIVERSITY

Application Form for Reviewing the Semester Grade in the _____ Semester of Academic Year _____

Date of Application: _____ M / _____ D / _____ Y Applicant's Phone Number: _____

Course Title		Course Code		Instructor	
Dept./Grade		Student No.		Applicant's Name	
Reason for applying (Filled in by the Applicant)					
Grade Review Results (Filled in by the instructor)	<p>* Please clearly state the calculation method of semester grades. If the correction of the semester grade is required, instructors shall not only fill in this form but also fill in the Application Form for Grade Correction within 20 days before the submission deadline for semester grades to file an application to the Registration Section.</p>				
Department/Institute			Unit-in-charge		
Instructor	Department Director	Clerk of Registration Section	Director of Registrar Section		

Note:

1. Students shall apply for reviewing the semester grade **within 10 days after the semester grade is announced on the Information System of the University, and such applications may be filed only once**. Late application will not be accepted.
2. Students shall apply for review the grade of one subject for each application (an academic transcript is required). A single application for reviewing two subjects or more will not be accepted.
3. Academic units shall complete the semester review before the deadline for the semester grade correction in each semester, and the original copy of the application forms shall be submitted to the Registration Section for future reference.