

附件一 Attachment 1

中國醫藥大學學生申訴申請表 申訴時間： China Medical University Student Appeal Form Appeal Date:					
系別 Department		姓名 Name		學號 Student ID	
申訴事由及事實 Appeal Reason and Fact					
以往處理情形 Previous handling of the case					
希望獲得救濟事項 Expected remedy					
申訴人簽章 Signature of Appellant :					
承辦人蓋章 Signature of Person in charge :			受理日期 Date of acceptance :		

附件二之一 Attachment 2-1

## 中國醫藥大學學生申訴案件申請人具結書

China Medical University Affidavit for Student Appeal Submission

今親自提出申訴當據實陳述絕無虛構匿飾或故意誹謗情事。

I hereby confirm that I file a complaint in person today with factual statement.

There is no fabrications, concealments or intentional defamations.

此 結

( 簽名蓋章 Signature and seal )

具結人 Appellant

中 華 民 國(Date) 年(Y) 月(M) 日(D)

## 中國醫藥大學學生申訴案件申請人撤案具結書

China Medical University Affidavit for Student Appeal Withdrawal

今親自提出撤回申訴，事後決不追究或因故散播未經評議委員會認定之情事。

I hereby confirm that I withdraw the appeal in person today. I will not pursue or disseminate information about the case(s) that have not been identified by the Student Grievances Committee.

此 結

(簽名蓋章 Signature and seal)

具結人 Appellant

中 華 民 國(Date) 年(Y) 月(M) 日(D)