　　　　　　　　Grade Inquiry Sheet

　　　　　　　　　Date: (Month) (Date) (Year)

**■For student (Only inquiries from the student him/herself will be accepted)**

|  |  |  |  |
| --- | --- | --- | --- |
| Affiliation/ Year | Department Year | Name (Signature) |  |
| Student ID |  | Contact  (Cell no. etc.) |  |

Details of Inquiry

|  |  |  |  |
| --- | --- | --- | --- |
| Subject |  | Day/Period |  |
| Grade | S・A+・A・B・C・C-・D・F・Absent | Instructor name |  |
| Details of Inquiry (Please write concrete details and reason for inquiry below.) | | | |

Notes:

・Please submit to the Student Affairs Office, GSID within the specified date.

・This Sheet cannot be used to request corrections to grades.

・Please carefully confirm the evaluation method in the relevant syllabus when making an inquiry.

**■For administrative staff**

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| --- | --- | --- | --- | --- |
| Date of Receipt | Receipt Seal |  | Date of Response | Total |
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**■Instructor's reply (Please submit to appropriate office after filling in this box)**

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| Responder: |

Student Affairs Committee Member Confirmation 　　　　　 　 　　　　  
Student Confirmation