Annex 2: The Appeal Form for Accreditation of Medical Education

**The Appeal Form for Accreditation of Medical Education**

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| **1. Basic information of the subject of appeal** | | | | |
| Name |  | | | |
| Address |  | | | |
| Administration |  | | | |
| Person in charge | Name |  | Title |  |
| Tel |  | Email |  |
| Contact person | Name |  | Title |  |
| Tel |  | Email |  |
| **2. Appeal items and reasons**  （The subject of the appeal against the decision of the accreditation or the decision to revoke the accreditation. Please describe the appeal and reasons.）  Accredited school：  Signature of the person in charge of the school：  (School seal)  Date: | | | | |