APPLIED PROFESSIONAL TRAINING
A Global Leader in Technology Education

ACADEMIC GRIEVANCE AND APPEAL FORM

This form is to be used by students requesting an academic grievance regarding a grade dispute, credit evaluation dispute, feel that they have been treated unfairly with respect to an academic matter or would like to be considered for an exception to a college policy. This grievance must be filed within 60 days of the alleged incident. If this grievance cannot be resolved by the Office of Admissions and Records, it will then go to the President of APT. The decision of the President is final.

PLEASE TYPE OR PRINT CLEARLY

PERSONAL DETAILS

Full Legal Name _____

Social Security Number* _____ Date of Birth (mm/dd/yyyy) _____

*Last 4 digits only

CONTACT DETAILS

Residential Address _____ City, State, Zip Code _____

Home Telephone _____ Mobile Telephone _____

Email Address _____

* If this is a permanent address and/or phone number change, please mark here: ☐

TYPE OF GRIEVANCE OR APPEAL *(SELECT ONLY ONE)*

- ☐ Request an exception to a college policy
- ☐ Credit Evaluation Dispute
- ☐ Grade Dispute (This grievance only pertains to final course grades. Individual assignments will not be reviewed.)
- ☐ Unfair Treatment with respect to an academic matter

GRIEVANCE DESCRIPTION

1. Provide a detailed description of the nature of the grievance in the space provided below. If additional space is needed, an addition sheet may be attached.
2. Provide a copy of any documentary evidence in support of the grievance with this form.
3. State the remedial action that you request.

Signature _____ Date _____

Return Academic Grievance and Appeal form to:

Admissions and Records
Applied Professional Training
P.O. Box 131717
Carlsbad, CA 92013

Contact Us:

Phone 800-431-8488
Fax 888-431-8588
Website www.aptc.edu

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This form may be faxed.