



## ACADEMIC GRIEVANCE AND APPEAL FORM

This form is to be used by students requesting an academic grievance regarding a course grade or 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 College. The decision of the President is final.

**PLEASE TYPE OR PRINT CLEARLY**

### PERSONAL DETAILS

Full Legal Name \_\_\_\_\_

Last 4 SSN or APT ID # \_\_\_\_\_

Date of Birth  
(mm/dd/yyyy) \_\_\_\_\_

### 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 additional 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  
APT College  
P.O. Box 131717  
Carlsbad, CA 92013

### Contact Us:

Phone 800-431-8488  
Fax 888-431-8588  
Website [www.aptc.edu](http://www.aptc.edu)

This form may be faxed.