

Internal appeals form

Please tick box to indicate the nature of your appeal and complete all white boxes on the form below

FOR CENTRE USE ONLY		
Date received		
Reference No.		

- □ Appeal against an internal assessment decision and/or request for a review of marking
- Appeal against the centre's decision not to support a clerical check, a review of marking, a review of moderation or an appeal

Name of appellant		Candidate name if different to appellant		
Awarding body		Exam paper code		
Subject		Exam paper title		
Please state the grounds for your appeal below				
(If applicable, tick below)				
Where my appeal is against an internal assessment decision I wish to request a review of the centre's marking If necessary, continue on an additional page if this form is being completed electronically or overleaf if hard copy being completed				
Appellant signature:	, , , , , , , , , , , , , , , , , , ,	Date of signature:		

This form must be signed, dated and returned to the exams officer on behalf of the head of centre to the timescale indicated in the relevant appeals procedure