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| **Internal Appeals form** | FOR CENTRE USE ONLY | |
| Date received |  |
| Please tick box to indicate the nature of your appeal and complete all white boxes on the form below | 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 re-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 |  |
| Qualification type  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