Internal appeals form

FOR CENTRE USE ONLY	
Date received	
Reference No.	

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

☐ 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