

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		Awarding body	
Candidate name if different to appellant		Qualification type Subject	

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:
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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 internal appeals procedure