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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

| **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: |

* Appeal against the centre’s decision not to support a clerical check, a review of marking, a review of moderation or an appeal

**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**