Internal Appeals form

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

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 re-check, a review of marking, a review of moderation or an appeal
- Appeal against the centre's decision relating to access arrangements or special consideration
- □ Appeal against the centre's decision relating to an administrative issue

*Where the nature of the appeal does not relate directly to an awarding body's specific qualification, indicate N/A in awarding body specific detail boxes

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