

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 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: