

**Internal appeals form**

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| **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

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| **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**