

Applebee Wood Community Specialist School Internal Appeals Form



For school use	
Date received:	
Reference number:	

Please complete this form so that the school can establish the nature of your appeal.

Reason for appeal	Please tick
Appeal to dispute the suitability of evidence considered	
Appeal to dispute mitigating circumstances not being appropriately considered	
Allegation of maladministration or malpractice, e.g. bias or discrimination	

Name of appellant:		Candidate name, if different:	
Subject:		Assessment title:	
Please provide details regarding your appeal, e.g. justification for the appeal:			
<p>Tick below, if applicable:</p> <p><input type="checkbox"/> My appeal is against an internal assessment decision and I wish to request a review of the school's marking</p> <p><input type="checkbox"/> I confirm that all work submitted is my own</p>			
Appellant signature:		Date:	