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| FOR CENTRE USE ONLY  |
| Date received  |   |
| Candidate No.  |   |



**Internal Appeals Form**

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

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| --- | --- | --- | --- |
| Name of appellant: |   | Name of Candidate: (if different) |   |
| Subject |   | Awarding body |   |
| Qualification |   | Component/unit name and code |   |
| Please state the grounds for the 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