

FOR CENTRE USE ONLY	
Date received	
Candidate No.	

Internal Appeals Form

Please tick box to indicate the nature of your appeal and complete all the 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

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 necessary, continue on an additional page if this form is being completed electronically or overleaf if hard copy being completed.)

(If applicable, tick below)

- Where my appeal is against an internal assessment decision I wish to request a review of the centre's marking.

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.