

Internal appeals form (COVID-19)

FOR CENTRE USE ONLY			
Date received			
Reference No.			

Summer 2020 award	ling	Date receiv	ved	
Please tick box to indicate the nature of your appeal and complete a white boxes on the form below		Reference 1	No.	
Appeal against the centre's decision not to seek any information the awarding body holds that would be needed for an appeal				
☐ Appeal against the centre's decision not to appeal to the awarding body				
Name of appellant		Awarding body		
Candidate name if different to appellant		Qualification type Subject		
Please state the grounds for your appeal below:				
If necessary, continue on an additional page if this form is being completed electronically or overleaf if hard copy being completed				
Appellant signature:	opellant 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 internal appeals procedure