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| **Internal appeals form**  Please tick box to indicate the nature of your appeal and complete all white boxes on the form below | FOR CENTRE USE ONLY | |
| Date received |  |
| Reference No. |  |

* 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** |  | **Candidate name**  if different to appellant |  |
| --- | --- | --- | --- |
| **Awarding body** |  | **Exam paper code** |  |
| **Qualification type**  **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:** | | | |