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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:** |