

## 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
- Appeal against the centre's decision relating to access arrangements or special consideration
- Appeal against the centre's decision relating to an administrative issue

\*Where the nature of the appeal does not relate directly to an awarding body's specific qualification, indicate N/A in awarding body specific detail boxes

|                               |  |  |  |
|-------------------------------|--|--|--|
| Name of appellant             |  | Candidate name (if different to appellant) |  |
| Awarding body                 |  | Exam paper code                            |  |
| Qualification type<br>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:

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