

Internal Appeals Form

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

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 Subject		Exam paper title	
(If applicable, tick belo	al is against an internal assessment c		t a review of the centre's marking electronically or overleaf if hard copy being
Appellant signature:		Date of	f signatu re:

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