



FOR CENTRE USE ONLY	
Date received	
Candidate No.	

Internal Appeals Form

Please tick box to indicate the nature of your appeal and complete all boxes on the form below:

- ☐ Appeal against an internal assessment decision and/or a review of marking decision

OR

- ☐ Appeal against the centre's decision not to support a clerical re-check, a review of marking, a review of moderation or an appeal.

(if applicable, tick below)

- ☐ Where my appeal is against an internal assessment decision I wish to request a review of the centre's marking

Name of appellant:		Name of Candidate: (if different)	
Subject		Awarding body	
Qualification		Component/unit name and code	

Please state the grounds for the 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:

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.