

Internal Appeals form

- ☐ 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

Candidate Name		Candidate Number	
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

Candidate Signature:

Date of signature:

This form must be signed, dated and returned to the Exams Officer on behalf of the head of centre within five calendar days of receiving your internal assessment marks or your review decision.