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| **INTERNAL APPEALS** FORM | FOR CENTRE USE ONLY | |
| Date received |  |
| Please tick box to indicate the nature of your appeal and complete all  white boxes\* on the form below | Reference No. |  |

* Appeal against an internal assessment decision and/or request for a review of marking
* Appeal against a decision to reject candidate’s work on the grounds of malpractice
* 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 |  |
| 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