

## 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

<b>Name of appellant</b>		<b>Candidate name</b> if different to appellant	
<b>Awarding body</b>		<b>Exam paper code</b>	
<b>Qualification type</b> <b>Subject</b>		<b>Exam paper title</b>	

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:**