

**Internal appeals form**

FOR CENTRE USE ONLY	
Date received	
Reference No.	

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 check, a review of marking, a review of moderation or an appeal

<b>Name of appellant</b>		<b>Candidate name if different to appellant</b>	
<b>Awarding body</b>		<b>Exam paper code</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:

**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**