AMVC - Summer 2024

marking

Appellant signature:

| Internal appeals form | | | FOR CENTRE USE ONLY | |
|---|---------------------------|---|---------------------|--|
| | | | Date received | |
| Please tick box to indicate the nature of your appeal complete all white boxes on the form below | | peal and | 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 check, a review of marking, a review of moderation or an appeal | | | | |
| Name of appellant | | Candidate nam if different to appellant | е | |
| Awarding body | | Exam paper code | | |
| Subject | | Exam paper titl | е | |
| Please state the gi | ounds for your appeal bel | low | | |
| (If applicable, tick below) Where my appeal is against an internal assessment decision I wish to request a review of the centre's | | | | |

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

If necessary continue on an additional page if this form is being completed electronically or overleaf if hard copy being

completed

Date of signature: