FOR CENTRE USE ONLY	
Date received	
Reference No.	

INTERNAL APPEALS FORM

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 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: