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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 to request a review of marking
* Appeal against the centre’s decision not to support an application for a review of marking, a review of moderation or an appeal

| **Name of appellant** |  | **Candidate name**  if different to appellant |  |
| --- | --- | --- | --- |
| **Awarding body** |  | **Exam paper code** |  |
| **Subject** |  | **Exam paper title** |  |
| **Please state the grounds for your appeal below:**  Where my appeal is against an internal assessment decision, I understand that the provisional mark awarded to me following this review of marking may be lower than, higher than, or the same as, the mark originally reported to me, and that this reviewed mark will be subject to confirmation or amendment by the awarding body.  *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 Academic Registrar to the timescale indicated in the relevant appeals procedure**