Internal Appeals form				
			Date received	
Please tick box to indicate the nature of your appeal and complete all white boxes* on the form below		Reference No.		
Appeal againstof moderationAppeal againsAppeal agains	st an internal assessment decises the centre's decision not to so or an appeal st the centre's decision relating st the centre's decision relating the appeal does not relate directly to a	support a clerical re g to access arranger g to an administrativ	-check, a review ments or special ve issue	of marking, a review consideration
specific detail boxes		, , , , , , , , , , , , , , , , , , ,		
Name of appellant		Candidate name (if different to appellant)		
Awarding body		Exam paper code		
Qualification type Subject		Exam paper title		
(If applicable, tick below)			
☐ Where my appea	al is against an internal assessment d	ecision, I wish to reques	st a review of the co	entre's marking
If necessar	y, continue on an additional page if this fo	orm is being completed ele	ctronically or overleaf	if hard copy being completed
Appellant signature:			Date of signature:	

FOR CENTRE USE ONLY

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