Review and appeals form

FOR CENTRE USE ONLY	
Date received	
Reference No.	

Please tick box to indicate the nature of your review/appeal

- ☐ Appeal against an internal assessment decision and/or request for a review of marking
- ☐ Appeal against the centre's decision to reject a 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)	
Awarding body		Exam paper code	
Qualification and 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:

This form must be signed, dated and returned to the exams officer (Miss McAulay) on behalf of the head of centre (Mrs Beever) according to the timescale indicated in the relevant document.