MacintoshHD:Users:snhstsmi:Documents:SNHS LOGO:Logo Materials:Logos for Stationery:SNHS ICONS Logo (Bookmark) Colour.pdfInternal appeals form

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| FOR CENTRE USE ONLY | |
| Date received |  |
| Reference No. |  |

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 the centre’s decision not to support a clerical check, a review of marking, a review of moderation or an appeal

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| --- | --- | --- | --- | --- | --- |
| 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:  (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 on behalf of the head of centre to the timescale indicated in the relevant appeals procedure