

## 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

FOR CENTRE USE ONLY

Date received

Reference No.

Name of appellant		Candidate name (if different to appellant)	
Awarding body		Coursework code	
Qualification type Subject		Exam paper title	
<p>Please state the grounds for your appeal below:</p> <p>When appealing a mark you need to explain on what grounds you wish to appeal.</p>			
Appellant signature:		Date of signature:	

This form must be completed and returned to the subject lead by the following date:

**Friday 9<sup>th</sup> May 2025 – 11.00am**