# Internal Appeals Form

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| For centre use only | |
| Date received |  |
| Reference No. |  |

## Summer 2020

Please tick the box to indicate the nature of your appeal and complete all white boxes on the form below

Appeal against the centre’s decision not to seek any information the awarding body holds that would be needed for an appeal

Appeal against the centre’s decision not to appeal to the awarding body

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| **Name of appellant** |  | **Awarding body** | |  |
| **Candidate name**  If different to appellant |  | **Qualification type**  **Subject** | |  |
| Please state the grounds for your appeal below: | | | | |
| If necessary, continue on an additional page if this form is being completed electronically or overleaf if hard copy being completed | | | | |
| Appellant signature: | | | Date: | |

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 internal appeals procedure