# 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