# Candidate result check request

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

## Summer 2020

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

[ ]  I think that the centre has made an error when submitting my grade to the exam board

[ ]  I think that the exam board has made a mistake when calculating my grade

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| **Name of appellant** |  | **Awarding body** |  |
| **Candidate name**If different to appellant |  | **Qualification type****Subject** |  |
| Please state the grounds for your request 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