



Blenheim

FOR CENTRE USE ONLY	
Date received	
Reference number	

INTERNAL APPEALS FORM

- Appeal against an internal assessment decision
- Appeal against the centre's decision not to support an appeal after review of marking

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

Name of appellant		Candidate name if different to appellant	
Awarding body		Exam paper code	
Subject		Exam paper title	

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

Please state the grounds for your appeal below. If necessary, continue overleaf or on an additional page.

(If applicable, tick below)

where my appeal is against an internal assessment decision, I wish to request a review of the centres marking

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 relevant appeals procedure