

Appellant signature:

The Judd School Internal appeals form			FOR CENTRE USE ONLY	
			Date received	
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 and/or request Appeal against the school's decision not to support a review of recommendation.				_
Name of appellant		Candidate name if different to appellant		
Contact email		Contact phone no.		
Awarding body		Exam paper code		
Subject		Exam paper title		
	inds for your appeal below			A A
	s against an internal assessment decision I w			
I agree to pay the £50 fee (through Joinos) for requesting a review of the centre's marking. No review will be started until the fee is paid.				

Date of signature:

If necessary, continue on an additional page if this form is being completed electronically or overleaf if hard copy being completed