

	School				
The Judd School Exams 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 (includes NEA mark)			Reference No.		
☐ *Appeal again	st a post results mark revie		ration or an a	ppeal	7
Name of appellant		Candidate name if different to appellant			
Contact email		Contact phone no.			
Awarding body		Exam paper code			
Subject		Exam paper title			
ricuse state the grou	nds for your appeal below				
(If applicable, tick below)  Where my appeal is	s against an internal assessment decisi	on I wish to request a review of the cent	re's marking.		

\*This form must be signed, dated and returned to the exams office on behalf of the head of centre by 15 calendar days from date of receipt of the mark review outcome (this may vary where a copy of a script has been requested).

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.

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

I agree to pay the cost of a preliminary appeal as set by the exam board

Appellant signature:

Date of signature: