

Exam appeals form – Summer 2020

Please complete the boxes below in **BLOCK CAPITALS**

<b>Name of appellant</b>			
<b>Candidate forename</b>		<b>Candidate surname</b>	
<b>Date of birth</b>			
<b>Contact phone number</b>			
<b>Contact email address</b>			
<b>Qualification you are appealing</b>			

Please state the grounds for your appeal below.

**Appellant signature:**..... **Date:** .....

The form must be signed, dated and returned to the exams officer, Mrs Milne, on behalf of the head of centre to the timetable indicated in the Ofqual appeals procedure.

<b>FOR EXAMS OFFICE USE ONLY</b>	
Date form received	
Reference No.	

**RESPECT**



**RESPONSIBILITY**



**RESILIENCE**

