APPLICATION FOR A REVIEW OF MARKING OF CENTRE—ASSESSED MARKS



This form should be used to request a review of marking of internally assessed marks

Name of Applica	ant			
Subject				
Exam Season (Eg June 2020)			Exam Board	
Exam Paper cod	le		Exam Paper title	
Original mark a	warded		Date mark was received	
Have you previously requested copies of materials to assist you in considering whether to request this review?				
If yes, please provide the date you received these materials:				
Please state the reason for your application below:				
By signing here, I am confirming that I understand that the purpose of the review is to decide whether the process used for internal assessment conformed to the published requirements of the exam board's specification and subject-specific associated documents and that there will be no opportunity to improve my work. Following the review, I am aware that the reviewer may uphold or change the original mark awarded. I am also aware that the moderation process carried out by the exam board may result in a mark either upward or downward, even after the internal review.				
Signature of Applicant:			Date of signature:	
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 reviews of marking of centre assessed marks policy.				
FOR CENTRE USE ONLY				
Date received				
Reference No.				