



BHS Request for Review of Centre Assessed Marking

Candidate Name		Form and Year Group	
Subject		Component Title	
Exam Board		Component Code	

Please state the grounds for your appeal below:

Continue overleaf if necessary

Request for Review of Internally Assessed Work

Appellant Declaration

By signing here, I am confirming I understand the purpose of the appeal will be to decide whether the process used for the internal assessment conformed to the published requirements of the awarding body's specification and subject-specific associated documents. I also understand the appeal is a request for a review to check that the mark scheme has been accurately applied. It is not a "re-mark" of the work.

I have read the BHS Review of Centre Assessed Marking Policy and understand that as a result of review marks may go down, up or stay the same. If a mark goes down, there is no further appeal that can be made before marks are submitted to the exam boards. I give consent for a member of staff from another school to see my work, including my name and candidate number.

I include payment of £50.00 via cheque made payable to Beaconsfield High School with this request. The charge is levied to cover the administration and staffing costs of the marking review. This is in line with the charge made by exam board s for priority reviews of marking. I understand that this charge is non-refundable, regardless of the outcome of the external review.

Signature:

Date of signature:

This form should be completed in all cases where an external review of internally assessed work is requested. Completed forms must be returned to the Exams Officer by 14:00 on the deadline day and payment made as published in the school's Review of Centre Assessed Marking Policy. The deadline is final and no late requests can be accepted.