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| **FOR CENTRE USE ONLY** |
| **Date received:** |

**Centre Assessed Mark Review Request Form**

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| **Name:** | |
| **Form:** | **Candidate Number:** |
| **Centre Number:** | **Qualification:** GCSE/A Level/Project  (delete as applicable) |
| **Subject:** | **Subject Code:** |
| **Component Name:** | **Component Code:** |

**I would like to request a review of my centre assessed mark for the above piece of work and acknowledge:**

* **I have seen a copy of my work.**
* **I have read and understood the assessment materials which indicate how my mark was awarded.**
* **I have discussed my decision with my teacher and/or head of department.**
* **I understand that my marks may go down as a result of the review.**
* **I give my consent for my work to be reviewed by an appropriate teacher (not necessarily from my school).**
* **I understand that my mark will still be subject to moderation from the examining body following the review.**
* **I am paying a non-refundable £30 administration fee for the review along with this request.**
* **I have stated the grounds for my request below.**

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| **I believe that there has been an error in the application of the mark scheme or failings in the standardisation process with regards to my work, because…** |

**Signed (Candidate): Date:**

**Signed (Parent/Carer): Date:**