| FOR CENTRE USE ONLY |  |  |
|---------------------|--|--|
| Date received       |  |  |
| Reference no.       |  |  |



## Centre assessed mark review request form

| _                |                  |  |
|------------------|------------------|--|
| Name             |                  |  |
| Candidate Number | Subject          |  |
| Awarding body    | Level (GCE/GCSE) |  |
| Exam code        | Exam paper title |  |

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

- I have been given an opportunity to review a copy of my work
- . I have read and understood the assessment materials which indicate how my mark was arrived at
- I have discussed my decision with my teachers / Head of Subject and have their signatures below
- I give consent for my work to be reviewed by an assessor (not necessarily from my own school)
- I understand that my mark is still subject to moderation by the examining body following the review
- I am aware that in requesting a review of centre assessed marking of my work that marks are likely to remain the same.
- 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

| I believe that there has been an error in the application of the mark scheme or failings in the st with regards to my work, because | andardisation process |
|---|-----------------------|
|   |                       |
|   |                       |
|   |                       |
|   |                       |
| Signed: Teacher /Head of Subject  | Data                  |
| Signed: Candidate   | Date<br>Date          |
| Signed: Parent  | Date                  |
|   |                       |

This form must be signed, dated and returned to the Mrs M Darvill (exams officer) no later than 5 days from the date you received confirmation of the centre assessed marks from the subject teacher/assessor.