# Wymondham College Exam Appeals Form

**Academic Year**: 2024–2025

Please complete this form if you wish to appeal an internal assessment or examination decision. Submit the completed form to the Exams Officer within 10 school days of receiving your result.

### 1. Student Details

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year Group: \_\_\_\_\_\_\_\_\_\_ Candidate Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### 2. Exam/Assessment Details

Subject: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Qualification (e.g., GCSE, A-Level): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exam Board (e.g., AQA, OCR): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Assessment (e.g., NEA, Coursework): \_\_\_\_\_\_\_\_\_

Date of Result Notification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### 3. Grounds for Appeal

Please tick the reason(s) for your appeal:
☐ Administrative or clerical error
☐ Procedures not followed correctly
☐ Unfair or inconsistent application of criteria
☐ Discrimination or bias
☐ Concerns about academic judgement (if permitted)

Please explain your reasons in detail below and include any supporting evidence:

4. Declaration

I confirm that the information I have provided is accurate to the best of my knowledge and I understand that the appeal will be processed in line with the school’s Exam Appeals Procedure.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### 5. For Office Use Only

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Panel Outcome: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Response to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_