



# BROOKVALE GROBY LEARNING CAMPUS

Valuing Everyone, Achieving Excellence

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## Internal Assessment Appeal Notification Form

Student Name \_\_\_\_\_

Tutor Group \_\_\_\_\_

### Appeal Details

Subject and Course

Assessment information (please include the module/unit title and the assessment title, name of teacher teaching and marking the assessment)

Reason for appeal (please give brief notes regarding your reason for appeal)

Signed student \_\_\_\_\_

Date \_\_\_\_\_

Parent Name (if student under 18 yrs) \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Please ensure this form is submitted to the Examinations Officer. Once received you will be sent an acknowledgement and information on the next stage of the process.