

B. Centre Review Outcome

This section is to be completed by the **centre**.

Centre Review Outcome

Please tick the outcome of the review.

Upheld	<input type="checkbox"/>	Not upheld	<input type="checkbox"/>
Original Centre Determined Grade	<input type="checkbox"/>	Revised Centre Determined Grade	<input type="checkbox"/>

Information considered by the centre

Please provide a short explanation of the evidence that you have reviewed.

Rationale for the outcome of the Centre Review

Outline the centre's findings from the Centre Review including, where appropriate, rationale for any proposed grade change.

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Authorisation and dates of next stages

Name of authoriser		Date submitted to CCEA AO if appropriate	
Date CCEA AO decision and rationale issued to student		Date student informed of Stage 2 submission	

Stage 2 – Appeal to CCEA AO

This section is to be completed by the **student**.

If you need help completing this section, please speak to your school or college.

Grounds for Appeal

Please tick the grounds upon which you wish to appeal.

1. Administrative error by CCEA AO	<input type="checkbox"/>
2. Administrative error by the centre	<input type="checkbox"/>
3. Centre did not follow their procedure	<input type="checkbox"/>
4. Unreasonable exercise of academic judgement	
a. Selection of evidence	<input type="checkbox"/>
b. Determination of Centre Determined Grade	<input type="checkbox"/>

Supporting evidence

Please provide a short explanation of what you believe went wrong and how you think this has impacted your grade.

Acknowledgement

I confirm that I am requesting an appeal for the qualification named above and that I have read and understood the information provided in the Important Information for Students section above.

- I am aware that the outcome of the appeal may result in my grade going up, going down or staying the same.
- I understand that there is no further opportunity to appeal to CCEA AO and that the next stage would be to contact the regulator. CCEA AO will include the next appropriate steps, where applicable, in its appeal outcome letter.

Student Name

Student Signature

Date