**Request for a review of Marking and Payment of a**

**Non-Examination Assessment**

**Please return this form to Mrs Farman, Examinations’ Officer.**

Student Name:.............................................................. Tutor Group:.............................

Subject:...................................................................

Details of Non-Examination Assessment to be reviewed:

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**Cost of review**

The fee for each review will be £50. Please make cheques payable to Gillotts School.

**Reason for review request:**

|  |  |
| --- | --- |
| **Reason** | **Tick to indicate reason** |
| An administrative error (e.g. marks incorrectly added up) |  |
| A failure to apply the marking criteria accurately |  |
| An unreasonable exercise of academic judgement |  |

Please provide further details of your reason for a review of marking to support your child’s application:

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Parent Signature: .......................................................

Student Signature: .......................................................

Date .......................................................