



Centre Review Request Form Summer 2021

Centre Number	68187	Centre Name	Rhosnesni High School
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Candidate Number		Candidate Name	
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Subject		Provisional Grade Issued	
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Section 1: Application For A Review Of Provisional Centre Determined Grade.

Please explain briefly and clearly what error you consider has taken place in determining your grade.

You should refer to the information in your Learner Decision Making Record. You should only provide information that is relevant to the error you consider has been made by the centre in the determination of your grade.

Please explain briefly and clearly how you consider the error has affected your grade

Declaration.

I confirm that I am requesting a review of my provisional centre-determined grade for the qualification named previously. I understand that the centre review may result in my grade being lowered, raised or remaining the same.

I confirm that the information provided is accurate.

Candidate Name: _____

Signed: _____

Date: _____

A completed copy of this form should be emailed to:

mailbox@rhosnesni-high.wrexham.sch.uk

by 3pm on Wednesday 30th June.

If there is an issue with sending this in electronically please hand in to school reception by the date listed above