

International Appeal/Feedback form

Practical graded music exams

For exams outside the UK and Ireland only

This form should be used to report any concerns that you may have following receipt of an exam result. To report a concern that has arisen on the day of an exam, please phone or e-mail us as soon as you can. More details can be found in Regulation 17 of the Exam Information and Regulations found here: www.abrsm.org/en/our-exams/information-and-regulations

1 Reason for correspondence

To help us process your post-exam concern(s) as efficiently as possible, please tick which route you wish to follow:

- to make a **Formal Appeal** concerning practical graded exam marks

OR

- to provide ABRSM with **informal Feedback**

Please inform us which of the following areas best fits the reason for your feedback:

Mark form comments Handwriting Marking

Other if other, please specify _____

What next?

- to submit a **Formal Appeal**, all sections of the form must be completed
- to provide us with **informal Feedback**, please continue to Section 3 of the form

2 Applicant declaration (only necessary for Formal Appeals made by non-applicants)

We are more than happy to accept correspondence from anyone, but in cases of a formal appeal, the applicant (the person who entered the candidate(s) for the exam(s)) must be aware of the situation. If you are **not** the applicant, please ask them to sign and date the declaration below.

I, the applicant, support this investigation into the exam(s) of the candidate(s) listed in section 3b.

Signed _____ Date _____

3a Correspondent details

Name _____

Telephone _____

Address _____

Applicant Number _____

Exam Date _____

Relation to candidate: Teacher

Parent

Other

E-mail _____

If other, please specify _____

3b Candidate details (if more than 4, please continue on a separate sheet)

| Candidate name | Instrument | Grade |
|----------------|------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

3c Applicant details (if different from details in Section 3a)

| | |
|----------------|------------------------|
| Name _____ | Applicant Number _____ |
| Address _____ | E-mail _____ |
| _____ | Telephone _____ |
| _____ | |
| Postcode _____ | |

4 Grounds for Formal Appeal/Informal Feedback

Please write or attach your Informal Feedback/ grounds for Formal Appeal below, and sign and date it

Signed _____ Date _____

Please send this form along with copies of relevant mark form(s), and in the case of a Formal Appeal, a recording of the candidate(s) and a letter of verification to:
The Quality Assurance Manager at: ABRSM, 4 London Wall Place, London, EC2Y 5AU
T: +44 (0)20 7467 8285 E: qa-grades@abrsm.ac.uk