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 ______________________________
________________________________________
________________________________________
E-mail ______________________________

 Applicant Number __________________________
Exam Date ______________________________
Relation to candidate: Teacher □ Parent □ Other □
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 5DE.
T: +44 (0)20 7467 8285 E: qa-grades@abrsm.ac.uk