



International Baccalaureate Form CAS/PCF

CAS: programme completion form

SUBMIT TO: **REGIONAL OFFICE** ARRIVAL DATE: **1 MAY / 1 NOV** SESSION:

SCHOOL NUMBER:

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SCHOOL NAME:

• Please type or write legibly using black ink and retain a copy of this form.

All diploma candidates have completed their CAS programmes in accordance with the guidelines:

Yes No
If No complete the section below.

The following candidates have not completed their CAS programmes satisfactorily

Attach an explanatory report on each candidate, describing the circumstances that have prevented satisfactory completion of the CAS programme and enclosing the CAS records for each candidate concerned.

Candidate session number	Candidate name						
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Name:

Position: **CAS coordinator**

Signature:

Date:

Name:

Position: **DP coordinator**

Signature:

Date: