

Riverview High School International Baccalaureate
CAS Proposal Form

*This form must be submitted before any new activity may be undertaken.

Student's Name: _____

Name of Organization: _____
(Must be a non-profit organization or school-based).

Give a brief description of the activity: _____

Circle one or more: Creativity (C) Action (A) Service (S)

Estimated Hours: _____

Supervisor's Name, Title and Phone Number: (please print)

Supervisor's Signature: _____

IB Student Signature: _____

Staff Use Only: Approved Denied

Approved By: Dr. Gallagher Mr. Means
(Circle One)

RHS IB Staff
Signature: _____

