



# International Baccalaureate Form CAS/SFS

## CAS: student final summary

SUBMIT TO: CAS teacher SCHOOL DEADLINE: ..... SESSION: .....

SCHOOL NUMBER: 

0	0				
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SCHOOL NAME: .....

- Type or write legibly using black ink.
- This form is to be retained by the school. Do not send to the regional office unless requested.

CANDIDATE NAME: \_\_\_\_\_

CANDIDATE SESSION NUMBER: 

0	0						
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Indicate below the CAS activities/projects in which you have been involved and the hours dedicated to each one with a total number of hours for the whole CAS course.

Number of CAS activities/projects which you have undertaken  Total hours dedicated

Activities/projects	Approximate no of hours
1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>
4	<input type="text"/>
5	<input type="text"/>
6	<input type="text"/>
7	<input type="text"/>
8	<input type="text"/>
9	<input type="text"/>
10	<input type="text"/>
11	<input type="text"/>
12	<input type="text"/>
13	<input type="text"/>
14	<input type="text"/>
15	<input type="text"/>
16	<input type="text"/>

