

International Baccalaureate

Form CAS/SFS

CAS: Student Final Summary

SUBMIT TO: CAS Coordinator SCHOOL DEADLINE: _____ SESSION: _____

SCHOOL CODE: _____

SCHOOL NAME: Samuel Clemens High School SCUCISD Schertz TX

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: _____ CAND CODE: _____

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

Project Title and Summary	Number of Hours
1. _____ _____ _____	
2 _____ _____ _____	
3 _____ _____ _____	
4 _____ _____ _____	
5 _____ _____ _____	
6 _____ _____ _____	
7 _____ _____ _____	
8 _____ _____ _____	

