

# NHS INTERNATIONAL BACCALAUREATE CAS SUMMARY



**STUDENT:** \_\_\_\_\_ **YEAR OF GRADUATION:** \_\_\_\_\_

Record below, your hours for each activity for which you have completed a CAS/AEF. Retain this completed form with your CAS binder to be submitted with the documentation at the first nine-week and the third nine-week check points. All activities to be claimed for CAS must be included on this form.

Activity or Project	Role or Job	Dates (mo/day/yr)		Approximate Hours for Each			Total Hours for Activity
		From	To	Creativity	Action	Service	
<b>Total Hours for your Completed IB CAS Programme:</b>							

STUDENT SIGNATURE: \_\_\_\_\_ CAS COORDINATOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_