

## CAS Pre-Approval Form

To be completed by the IB Diploma Candidate, submitted and approved prior to commencement of proposed CAS experience. Failure to do so could result in an engagement not counting toward CAS and not meeting the IB Diploma requirements.

IB Diploma Candidate Name \_\_\_\_\_

Proposed date(s) of CAS experience: \_\_\_\_\_

Expected number of hours for CAS experience (approx.): \_\_\_\_\_

Associated organization: \_\_\_\_\_

Activity title/description:

CAS Experience area (please check all that apply)  Creativity  Activity  Service

Anticipated Learning Outcome(s) (please check all that apply):

- Identify own strengths and develop areas for growth
- Demonstrate that challenges have been undertaken, developing new skills in the process
- Demonstrate how to initiate and plan a CAS experience
- Show commitment to and perseverance in CAS experiences
- Demonstrate the skills and recognize the benefits of working collaboratively
- Demonstrate engagement with issues of global significance
- Recognize and consider the ethics of choices and actions

Is this a collaborative experience?  Yes  No

Supervisor name (not a family member):

Supervisor contact information: E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**CAS Advisor:** Is this experience approved?  Yes  No (if not, please offer brief explanation)

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CAS Advisor signature