

International Baccalaureate Programme  
Benjamin Bossz High School

CAS Activity Proposal (AP)

To : IB/CAS Coordinator

Name: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Category: Creativity          Action          Service (Circle all that apply)

*I am asking you to consider the following activity for CAS approval. I understand approval must be given before I can receive credit for this activity.*

Activity Name: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of Activity (must be at least one complete sentence):

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To: \_\_\_\_\_ Date: \_\_\_\_\_

Your CAS proposal dated \_\_\_\_\_ has been approved.

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your CAS proposal dated \_\_\_\_\_ has NOT been approved.

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_