

IB/CAS Proposal Form
North Shore High School

Candidate Name: _____ Year of Graduation: _____

Activity/project: _____

Targeted Learning Outcomes:

Brief description of the activity/project:

What is the projected schedule for this commitment? Identify the days of the week and hours you project you will be working on this project. Include projected start/end date.

Agency/Supervisor Information:

Name: _____ Agency: _____

Agency's Address: _____

Agency Contact # : _____ Agency fax #: _____

Agency email: _____

Approved by: _____ Date: _____
