

FORM FOR TRANSFER CANDIDATES

Name of the Student:..... Program: IBDP / IGCSE
 Grade seeking admission to: Date of Application:.....
 Current School Name:
 Current School Address:.....

Checklist for Coordinators:

Name of Current IB diploma coordinator: _____
 Date of arrival at AGS: _____

IB Subjects:	Higher level	Standard level
	_____	_____
	_____	_____
	_____	_____

Anticipated examinations? _____
 Result _____

CHECKLIST FOR IB COORDINATOR:

Check	Extended Essay	Advisor comments
	Theory of Knowledge	Presentation scores and comments
	CAS	CAS Journal or CAS forms to date
	Group 1	<ul style="list-style-type: none"> English A1 or other A1 language List of works studied by Part (1,2,3,4) Partial form 1/IARF Oral presentation scores and comment(if completed)
	Group 2	<ul style="list-style-type: none"> Second language - A2 Partial form 2/IA Written task (if completed) with 2/WTRF Partial 2/RF Interactive oral activities in Year 1 Second language - B, ab initio Partial 2/RF Interactive oral activities in Year 1
	Group 3	Internal Assessment information
	Group 4	PSOW with instructions, labs, etc.
	Group 5	Project or portfolio tasks if completed
	Group 6	Internal Assessment information

AGS IB COORDINATOR REMARKS:

Materials received: _____

Checked by: _____

Work Distributed	To	Date
TOK		
EE		
CAS		
Group 1		
Group 2		
Group 3		
Group 4		
Group 5		
Group 6		

Transfer of IB registration to (AGS 3517) confirmed: _____

Signature
IB Coordinator

Principal

Admissions Coordinator