



**International Baccalaureate
Form 4/PSOW
Internal Assessment Cover Sheet: Group 4**

SUBMIT TO: MODERATOR

ARRIVAL DATE:

SESSION: 2005 - 2007

SCHOOL CODE:

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SCHOOL NAME: COLONEL BY SECONDARY SCHOOL

- Type or write legibly using black ink and retain a copy of this form.
- Select samples according to the instruction in Section F and complete one copy of this form to accompany each sample.

SUBJECT	CHEMISTRY	LEVEL:	HL	CAND. NAME:		CAND. NO:		0	9	5	3			
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Page	Date	Outline of Experiment/Investigation	Topic	Time (hrs)	Levels Awarded								Teacher's Criteria	
					Pl(a)	Pl(b)	DC	DA	DE	MS	PS(a)	PS(b)		

Name: SAVITA PALL

Signature: _____

Date:

