

ROBINSON HIGH SCHOOL IB PROGRAMME – Senior Year

STUDENT'S NAME (PRINT): _____

STUDENT # _____

Student Preferred Name _____

Phone # and Email address: _____ / _____

DIRECTIONS FOR STUDENT:

1. WRITE THE NAMES OF THE HIGHER LEVEL AND STANDARD LEVEL COURSES THAT YOU ARE TAKING FOR YOUR IB DIPLOMA
2. SELECT FULL JA (S) OR A TRADITIONAL ELECTIVE
3. OBTAIN PARENT APPROVAL OF COURSE CHANGES
4. BE SPECIFIC REGARDING MATHEMATICS (MATH STUDIES SL, MATHEMATICS SL, MATH HL)

HIGHER LEVELS:

1 HL English

2 _____

3 _____

STANDARD LEVELS:

1 SL Language: Spanish or French (*circle one*)

2 _____

3 _____

*All seniors will take TOK, 1st semester only

Any changes in your higher or standard level course options must be approved by the teacher of the course you want to change to, as well as Mrs. George. If a HL or SL change is necessary, please indicate the desired change from the list of course options below:

Change Requested:

Course/Level _____

to

Course/Level _____

Teacher/
Initials

Course/Level _____

to

Course/Level _____

Teacher/
Initials

Group 1 Studies in Lang and Lit
English HL

Group 2 Language Acquisition
French SL or Spanish SL

Group 3 Individuals and Societies
History HL

History SL

Group 4 Sciences
Chemistry HL, Chemistry SL

Biology HL, Biology SL

Physics HL, Physics SL

Group 5 Mathematics

Mathematics HL

Mathematics SL

Math Studies SL

Groups 1-5 IB Electives

Psychology HL, Psychology SL

Economics HL

Art HL, Art SL

or

2nd Science HL, SL

Elective Course Title or JA (please specify)

1st semester: TOK/JA or traditional elective: _____

2nd semester: JA or traditional elective: _____

STUDENT SIGNATURE

DATE

PARENT SIGNATURE

DATE

*If there are no changes to your courses, no parent signature is needed.