

受験
番号

※記入不要

国際基督教大学教養学部
2024 年度 総合型選抜 〈IB 認定校対象〉
International Christian University
Predicted IB Grades Report Form

Student's Name _____
Family Given Middle

Date of Birth _____ / _____ / _____
Year Month Day

For Student:

Fill out the top portion of this form (i.e., student's name and date of birth) before giving it to your school's IB coordinator or guidance counselor.

For IB Coordinator / Guidance Counselor:

After filling out this form, please return it to the student in a sealed envelope with a signature/stamp across the flap. We would also appreciate it if you could arrange their IB final results to be sent to ICU electronically through the IB organization.

Subject (Full name)	Level (H or S)	Predicted Grades*
Extended Essay (Subject: _____) (Essay Topic: _____)		
Theory of Knowledge		
Bonus Points :		
Total Points (including bonus points)		

Required for Verification Purposes

Name _____ Position / Title _____

Name of Institution _____

Tel _____ Fax _____

E-mail _____

Signature
(please hand-write) _____

Date
(please hand-write) _____

School Stamp or Seal

Thank you very much for your cooperation.