



IB DP Course Selection Form Class of 2016

To apply for entry to the IB Diploma Programme at NIS, students must complete the following form, **obtain all signatures, and return it to the IB coordinator assistant no later than March 31st, 2016 by 12:00 pm.** Tick one option per column (i.e., subject, course, and level), except if you do not choose any subject in group 6 and choose the 6th subject from one of the four groups (groups 1-4). Applications which are incomplete will not receive final approval.

Name: _____

Track IB diploma (3 courses at HL and 3 courses at SL ; no non-IB courses)

University Information

Course(s) of study you are considering: _____

Country (ies) to which you may apply: _____

Group 1. Studies in Language and Literature

Subject	Course level	Level	
<input type="checkbox"/> Arabic	<input type="checkbox"/> Literature	<input type="checkbox"/> HL	
<input type="checkbox"/> English	<input type="checkbox"/> Language and Literature	<input type="checkbox"/> SL	
<input type="checkbox"/> Other _____		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
		<input type="checkbox"/> Res	<input type="checkbox"/> Res
		<input type="checkbox"/> No	<input type="checkbox"/> No

Teacher _____
NAME

SIGNATURE

RECOMMEND

Teacher's comments : _____

Group 2. Language Acquisition

Subject	Course level	Level	
<input type="checkbox"/> Arabic	<input type="checkbox"/> Language B	<input type="checkbox"/> HL	
<input type="checkbox"/> French	<input type="checkbox"/> Language ab initio (SL only)	<input type="checkbox"/> SL	
<input type="checkbox"/> German		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Spanish(on -line, ab initio only)		<input type="checkbox"/> Res	<input type="checkbox"/> Res
		<input type="checkbox"/> No	<input type="checkbox"/> No

Teacher _____
NAME

SIGNATURE

RECOMMEND

Teacher's comments : _____

Group 3. Individuals and Societies

Subject

- Business management
 Economics
 History
 Psychology (On-line Source SL)

Level

- HL
 SL
 Yes
 Res
 No
 Yes
 Res
 No

Teacher _____
NAME

SIGNATURE

RECOMMEND

Teacher's comments : _____

Group 4. Sciences

Subject

- Biology
 Chemistry
 Computer science
 Physics

Level

- HL
 SL
 Yes
 Res
 No
 Yes
 Res
 No

Teacher _____
NAME

SIGNATURE

RECOMMEND

Teacher's comments : _____

Group 5. Mathematics

Subject

- Mathematics HL
 Mathematics SL

- Yes
 Res
 No

Teacher _____
NAME

SIGNATURE

RECOMMEND

Teacher's comments : _____

Group 6. The Arts/ Elective

Subject

- Visual arts
 Film(on-line course only)

Level

- HL
 SL

Yes

Res

No

Teacher _____
NAME

SIGNATURE

RECOMMEND

Teacher's comments : _____

Final Checklist

All items must be ticked and verifiable or else your form will be rejected by the IB coordinator.

- I have spoken with all relevant teachers reading my subject choices.
 I have received signature for all six groups on this form.
 I have read the course description for the course I have selected.
 I have had my 20-minute interview with the University Guidance Counselor.

Additional Information

Please include any additional information that may strengthen your application.

Verification

IB DP Coordinator

University Guidance Counselor

Date