

# OUTLINE PROPOSAL FORM

for GCE A/AS Level Examinations

**Please read the instructions printed overleaf before completing this form**

Name of Centre		Centre Number	
Candidate Name <small>(if required)</small>		Candidate Number	
Syllabus Title		Syllabus Code	
If this is a re-submission, please check box <input type="checkbox"/>		Component Number	
Examination/Assessment Session: June <input type="checkbox"/> November <input type="checkbox"/>		Year	

Title of Proposal	

Details of Proposal (see over)	
	Date

Comments:			
	Adviser's Initials	BB	Date

<i>For CIE use only:</i>	APPROVED	APPROVED WITH PROVISIO <small>(see comments)</small>	NOT APPROVED	More information required	Approval not required; please see comments
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>