



CARIBBEAN EXAMINATIONS COUNCIL
CARIBBEAN ADVANCED PROFICIENCY EXAMINATIONS®

COVER SHEET FOR ASSIGNMENT

APPLIED MATHEMATICS

UNIT 2

NAME OF CENTRE: _____ CENTRE CODE: _____ YEAR OF EXAM: _____

NAME OF CANDIDATE: _____

CANDIDATES REGISTRATION NUMBER: _____

TITLE OF PROJECT: _____

Teacher's Report

	Project
A. Statement of Task _____	<input type="checkbox"/> 0 – 3
B. Data Collected _____	<input type="checkbox"/> 0 – 3
C. Mathematical Knowledge _____	<input type="checkbox"/> 0 – 4
D. Evaluation _____	<input type="checkbox"/> 0 – 5
E. Communication of Information _____	<input type="checkbox"/> 0 – 5
F. Penalty for Exceeding 2000 words (-10% of Cand. Score) _____	<input type="checkbox"/>
TOTAL _____	<input type="checkbox"/> 0 – 20

Teacher's Signature: _____

Date: _____