## CARIBBEANEXAMINATIONSCOUNCIL

 CARIBBEAN SECONDARY EDUCATION CERTIFICATE ${ }^{\circledR}$SCHOOL BASED ASSESSMENT
COVER SHEET FOR RESEARCH PROJECT
ADDITIONAL MATHEMATICS - PROJECT B
NAME OF CENTRE: $\qquad$ CENTRE CODE: $\qquad$ YEAR OF EXAM: $\qquad$
NAME OF CANDIDATE: $\qquad$ CANDIDATE'S REGISTRATION NUMBER: $\qquad$
TITLE OF PROJECT B: $\qquad$

Teacher's Report


[^0]$\qquad$ Date: $\qquad$


[^0]:    Teacher's Signature:

