

Prediction of Academic Achievement

For students currently studying Year 12

This form is for Bachelor of Medicine, Bachelor of Surgery applicants only

This form is to be completed for applicants in the final year of secondary school

Applicants who have already completed Year 12 DO NOT need to complete this form, as their actual OP, or equivalent, will be provided by QTAC

- For this applicant to be considered, this form is required to be emailed to the Division of Tropical Health and Medicine medicine.forms@jcu.edu.au on or before 4pm (AEST) Friday 12 October, 2018 by the School Principal, Guidance Officer or Director of Studies only. We will not accept this form from the applicant.
- The predicted information provided by schools is used to offer early interviews to potential candidates prior to their actual results being released. We also offer second round interviews early in January to ensure that no applicants are disadvantaged if their host school does not provide a PAA form or if the predicted results differ from their actual results.

STUDENT DETAILS

First Name: _____ Family Name: _____

Date of Birth: _____

The above mentioned student is currently in Year 12 of secondary school. Based on their performance to date, I estimate that their Year 12 results will be close to:

Queensland: This student's Overall Position is expected to lie at or around:

Less than: OP10 OP9 OP8 OP7 OP6 OP5 OP4 OP3 OP2 OP1

New South Wales, Australian Capital Territory, Victoria, South Australia /Northern Territory, Western Australia or Tasmania:

This student's ATAR is expected to lie at or around:

Less than: 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99

International Baccalaureate: This student's International Baccalaureate score (out of 45) is expected to lie at or around:

Less than: 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45

GCE A Levels: This student is expected to achieve the following results:

Less than: ABBB ABB AAB AAB AAA AAAB AAAA A*AA Other: _____

Name: _____

Position (for example: Principal/Vice Principal/Guidance Officer or Director of Studies): _____

Telephone: _____ Email: _____

School/College Name: _____

School/College Address: _____

Signature: _____

COMPULSORY
Place school stamp or seal here