1. APPLICATION PACKAGE - CONFIRMATION OF ACADEMIC QUALIFICATION

Candidate No.:

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香港建築師學會 The Hong Kong Institute of Architects



建築師註册管理局 Architects Registration Board

Dear Sir or Madam,

Confirmation of Academic Qualification

The following graduate of your University is applying to sit for the HKIA/ARB Professional Assessment ("PA") in PA2022 – Papers 1-8:

Name:		
Date of Birth:		
Student Number:		
Programme Title (in full):		
Mode of Study:	Full time / Part time	(Please delete as appropriate)
Programme Start Date:		(dd/mm/yyyy)
Date of Completion:		(dd/mm/yyyy)
Date of Conferral:		(dd/mm/yyyy)
Total Study Period:	Year	Months

We shall be grateful if you will kindly confirm the above information by completing and <u>returning the enclosed "Reply Slip" to the HKIA-ARB Joint Secretariat by</u> <u>email to joinhkia@hkia.org.hk before 30 April 2022</u> to facilitate the above candidate's application for sitting the PA.

Thank you.

Yours sincerely,

Guzoniz Worg

Queenie Wong Registrar

Candidate No.:

REPLY SLIP

To: Ms. Queenie Wong, Registrar The Hong Kong Institute of Architects & Architects Registration Board 19/F One Hysan Avenue Causeway Bay, Hong Kong (Email: joinhkia@hkia.org.hk)

Confirmation of Academic Qualification

We hereby confirm the following information of the following graduate of this University:

Name:		
Date of Birth:		
Student Number:		
Programme Title (in full):		
Mode of Study:	Full time / Part time	(Please delete as appropriate)
Program Start Date:		(dd/mm/yyyy)
Date of Completion:		(dd/mm/yyyy)
Date of Conferral:		(dd/mm/yyyy)
Total Study Period:	Year	Months

The above degree is accredited / recognised by: (Please \square as appropriate)

Architects Accreditation Council of Australia (AACA)

Commonwealth Association of Architects (CAA)

National Architectural Accrediting Board, Inc (NAAB)

National Board of Architectural Accreditation (NBAA)

New Zealand Registered Architects Board (NZRAB)

The Hong Kong Institute of Architects / Architects Registration Board (HKIA/ARB)

Remarks (if any):

Signature

Name of University

Name and Title of Signatory

Please affix official chop

Note: **Any signs of change marked by correction pen / fluid** must be supplied with the official chop of the school and the official signature of the signatory next to the change(s) made.