

CONFIRMATION OF ACADEMIC QUALIFICATION

Candidate No.: _____



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



建築師註冊管理局
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 PA2023 – 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 **returning the enclosed “Reply Slip” to the HKIA-ARB Joint Secretariat by email to joinhkia@hkia.org.hk before 30 April 2023** to facilitate the above candidate’s application for sitting for the PA.

Thank you.

Yours sincerely,

Watson Chan
Registrar

Candidate No.: _____

REPLY SLIP

To: Mr. Watson Chan, Registrar
 The Hong Kong Institute of Architects & the 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 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 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.