

**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 PA2024 – 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](mailto:joinhkia@hkia.org.hk) before 30 April 2024** 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](mailto: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 (NAAB)
- National Board of Architectural Accreditation (NBAA)
- New Zealand Registered Architects Board (NZRAB)
- Canberra Accord
- 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.