1. APPLICATION PACKAGE - CONFIRMATION OF ACADEMIC QUALIFICATION

Candidate No.: _____



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

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建築師註册管理局 Architects Registration Board

Dear Sir / Madam,

Confirmation of Academic Qualification

The following graduate of your University is applying to sit for the HKIA/ARB Professional Assessment ("PA") in PA 2021:

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 2021** to facilitate the above candidate's application for sitting the PA.

Thank you.

Yours sincerely,

Ouzoniz 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)
Programme 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 (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.