

1. APPLICATION PACKAGE – 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 / 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 - Papers 3, 4 and 5 (March):

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 31 October 2020** to facilitate the above candidate’s application for sitting the PA.

Thank you.

Yours sincerely,

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 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.