

Confirmation of Employment

Intern's Name: _____

Practice Name: _____

Practice Address: _____ City: _____

Province: _____ Postal Code: _____ Phone Number: _____

Practice Mailing Address (if different than above) _____ City: _____

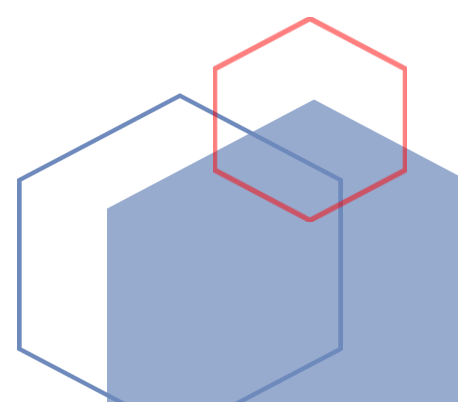
Province: _____ Postal Code: _____ Phone Number: _____

I confirm that the above-noted Intern is employed with our Architectural Practice or Eligible Architectural Employment Situation and that this entity shall endeavour to provide the required pre-registration architectural experience in accordance with the Internship in Architecture Program.

Name of Supervising Architect
(please print)

Signature

Date



Confirmation of Mentor

Intern's Name in Full: _____

I am pleased to act as Mentor to the above named Intern for the period of pre-registration architectural experience as required and shall endeavour to act as professional advisor conducting reviews and assessments of the architectural experience and generally assisting the Intern in preparing for registration/licensure in accordance with the Internship in Architecture Program.

Name of Mentor
(please print)

Signature

Date

