



# RAIC Syllabus

Serving the Architectural profession nationally since 1978  
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## DESIGN STUDIO FINAL PRESENTATION ASSESSMENT

*Kindly forward to the Registrar who will inform students of design marks*

Student Name _____		ID# _____
Design Level _____	Studio Location _____	Final Letter Mark _____
Date _____	Next design studio to be completed _____	
Mentor(s) Name(s) (please PRINT) _____		
Local or Regional Coordinator's Name (please PRINT) _____		

Based on your performance in this design level, we feel that you (*circle one*) have / have not met the requirements of the above Design Studio Course as outlined in the problem statement made at the beginning of this session. These requirements reflect those stated in the guidelines for this level as set out in the RAIC Syllabus Course Outline issued by the National Office.

### ASSESSMENT SUMMARY

*(Use reverse side of page if required)*

*Attach Jury Member Comments Sheets from the Final Presentation*

Coordinator or Mentor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ASSESSMENT SUMMARY

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*(Continued from front page)*



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*Attach Jury Comments Sheets from the Final Presentation*

Coordinator or Mentor's *Signature*: \_\_\_\_\_

Date: \_\_\_\_\_