

CONFIRMATION OF MENTOR

Intern's Name in Full: _____

I agree to act as Mentor to the above named Intern for the period of pre-registration architectural experience as required and shall 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.

I confirm that I have reviewed the duties of a Mentor as set out in the Internship in Architecture Program Manual and have agreed to perform these duties.

Name of Mentor

(Please print)

Signature

Date

This page must be completed by the above listed Intern Architect's mentor. Only an NSAA Licensed Architect or Retired Architect is eligible to be a Mentor to an Intern Architect.

CONFIRMATION OF EMPLOYMENT

Intern's Name in Full: _____

Place of Employment: _____

Employment Address: _____

City: _____

Province: _____ **Postal Code:** _____

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

I confirm that I have reviewed the duties of a Direct Supervisor as set out in the Internship in Architecture Program Manual and have agreed to perform these duties.

Name of Supervising Architect
(Please print)

Signature

Date

This page must be completed by the above listed Intern Architect's direct supervisor. Only an NSAA Licensed Architect who is employed in the same firm as the Intern Architect is eligible to be a Supervising Architect to an Intern Architect.