

Canadian Architectural Certification Board

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APPLICATION FOR CERTIFICATION OF ACADEMIC QUALIFICATION

“UNDER THE GRANDFATHERING RIGHT CLAUSE”

NAME
First Name Middle Name Family Name

ADDRESS
City Province Postal Code

TELEPHONE: Residence: Business:

E-MAIL:

I was registered prior to January 1, 1992 with l'Ordre des architectes du Québec

I attach hereto an official letter (original copy) from the Provincial Association attesting to the above and stating the date of registration.

RESUME OF ACADEMIC HISTORY

University (Undergraduate): Year

University (Graduate): Year

Degree(s)

Date _____

Signature _____