

RAIC Syllabus APPLICATION FORM CACB Referrals

PLEASE NOTE: Incomplete or illegible applications will not be processed

Section 1 - Personal Data

When did the Canadian Architectur	ral Certification Boa	rd refer you to the	RAIC Syllabus?
Attach a copy of y	your CACB Referra	al Letter / E-mail t	o your Application
Name:			
First	Mic	ldle	Last
Home Address:			
	Apt/Suite #		Street
Town/City		rince	Postal Code
Home Telephone:	Home Fax:		Cell:
Home E-mail:		Home Websit	e:
S	ection 2 – Curr	ent Employme	nt
Name of Company/Firm:		- P - J	
*If you are working under the su Architect's Name:	upervision of a reç	jistered Canadiai	n Architect:
	First	Last	Credentials
Office Address:			
Suit	te#	Street Address	
Town/City	Prov	rince	Postal Code
Office Telephone:		Office Fax:	
Office E-mail:		Office Websit	te:
How long have worked at thi	s office?	Positio	n:
Brief description of your job:			

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Section 3 – Work Experience

(Complete this section whether or not you have experience in the architectural field)

Chronologically list work experience gained after graduation.

You may supplement this section, but not replace it, with an up-to-date resume)

From:	To:			
			Town/City	Province (Country)
Name of Firm:				
Supervising Archit	tect:			
		First	Last	Credentials
Brief description of	your job:			
From:	To:			
			Town/City	Province (Country)
Name of Firm:				
Supervising Archit	tect:			
		First	Last	Credentials
Brief description of	your job:			
From:	То:			
			Town/City	Province (Country)
Name of Firm:				
Supervising Archit	tect:			
		First	Last	Credentials
Brief description of your job:				
	Coati	on A. Course	a ta ha Camplata	
Syllabus Course(s) you have been instructed to complete ~ List number and name for each course				
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Section 5 – Academic Qualifications

	Section 3 -	Acaden	ilic Qu	aiiiicatioiis	
High School					
Name of School:					
				Town/City	Province/State (Country)
Attended From:			To:	10WII/OILY	1 Tovince/State (Godinity)
Attended From:					
	Month / Year			M	onth / Year
Post-Secondary					
Name of Institution:	_				
Name of institution.					
Location:					
		Towr	/City		Province/State (Country)
Attended From:		TOWI	To:		1 Tovince/State (Godinity)
Attended From:			10.		
	Month / Year			M	onth / Year
Program of Study:					
Degree Obtained:				Da	te Obtained:
Name of Institution:					
Name of modulum.					
Location:					
		Towr	/City		Province/State (Country)
Attended From:		1001	To:		1 Tovince/Glate (Godinity)
7 (10) (10)					
D	Month / Year			M	onth / Year
Program of Study:					
Degree Obtained:				Da	te Obtained:
Other (Seminars, Wo	orkshops, Profe	ssional D	evelopn	nent Part-Tim	e Studies)
Carron (Commune, 110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	00101101	<u> </u>	10111, 1 411 1111	o Gradios,
Oire details of Duefees	in and One denoti	-l- :f		alalia Oanaala	
Give details of Profess Registered Architect, En		ais, ii any	, you n	old in Canada	or elsewhere (i.e.
Negistered Architect, En	girieer, Ltc.)				
	Section	6 – Gen	eral In	formation	
Date of Birth:		Place of	Birth:		
Month/I	Day/Year			City	/Province/Country
SIN:	Gender:	М	F	Current Cit	
	what is your r	rasant st	atue.	1	•
If an Immigrant to Canada, what is your present status:					
					Date of Entry to Canada

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Section 7 – Application Declaration

Read carefully and Sign Where Indicated

I declare that all information given in this application is true and accurate. I understand approval of this application or any credits issued to me may be revoked without notice if any information in this application is subsequently found to be false or misleading.

I enclose my personal cheque/money order made out to "RAIC Syllabus," or VISA/Mastercard information, in the amount of \$350.00 + taxes (Application Fee). I understand that any applicant whose cheque or VISA / MasterCard payment does not clear may be required to make payments for all future Syllabus services with a certified cheque or money order only.

	Signature of Applicant:	Date:		
	orginature or Applicant.	Date.		
If Payi	ing by VISA / MasterCard complete th	e following ~ Please Print CLEARL	Y	
Name of Ca	ardholder:			
manno or or				
Card Numb	ner:	Expiry Date:		
Odia Hallik	JCI .	Expiry Date:		
Signature of Cardholder:				
	- Olgilature	or <u>oaranoider</u> .		

Section 8 – Submitting Your Application

To reduce processing delays of your application, ensure you have enclosed:

- 1) Application Form
- 2) 500 word essay "Why I Want to study Architecture"
- 3) Copy of referral letter and approval of course selection from the CACB
- 4) Cheque, Money Order (payable to "RAIC Syllabus") or VISA/MC information, for \$350 + taxes (Application Fee) Credit Card information can be submitted over the phone. Please contact the Syllabus Registrar at (613) 241-3600 ext 204 or 1-844-856-RAIC.
- 5) ONE current digital portrait photograph of yourself (.jpg may be e-mailed to <a href="mailed-emaile
- 6) English as a Second Language (ESL) applicants must provide evidence of passing the TOEFL (213+ computer based or 555+ paper based or 100+ iBT) or CAEL (70 overall; 60 each section) or IELTS ESOL (Cambridge) band-score of 5.5 or above.

Submit your RAIC Syllabus, Attention: Registrar

Application & Fees to: | Suite 330 – 55 Murray Street, Ottawa, ON K1N 5M3

E&oe: Revised 2007~2017