

APPLICATION FOR ADMISSION TO THE PROFESSIONAL PRACTICE EXAMINATION 2019 UNDER SECTION 15(2)(A) OF THE ARCHITECTS ACT

To: **The Registrar**
Board of Architects
1st Storey Tower Block
MND Complex
Singapore 069110

Opening Date: 1st April 2019
Closing Date : 9th May 2019

1. I hereby apply for admission to the Professional Practice Examination to be conducted by the Board of Architects in November 2019.
2. This is to confirm that I have registered as a Professional Practice Examination candidate and obtained not less than 24 months of practical experience in architectural work. This includes practical experience in Singapore for a continuous period of at least 12 months.
3. I am aware that it is compulsory of all new applicants to attend the **Architectural Practice Course** which will be conducted by the **Singapore Institute of Architects** on behalf of the Board and note that attendance at all tutorial sessions is compulsory.

Notes on leave of absence:

Candidates who are unable to attend their scheduled tutorial sessions for medical or other justifiable reasons must produce to the Board such reason of absence before they will be allowed to sit for the examination

4. I submit herewith my application form and the following documents for the Board's consideration:

For New Applicants (S\$500/-)

- (a) A copy of qualification papers (such as degree, diploma etc.)
- (b) A copy of transcript of courses completed, showing subjects and examination results
- (c) A copy of the Board of Architects **original** practical experience log book
- (d) A copy of the professional case study

* I am taking Paper 1 and Paper 2 [] **Note: Attendance at all tutorial sessions is compulsory**

For Repeat Applicants (S\$600/-)

- (a) A copy of qualification papers (such as degree, diploma etc.)
- (b) A copy of transcript of courses completed, showing subjects and examination results
- (b) Log book and case study

* I am repeating Paper 1 and Paper 2 [] * I am repeating Paper 1 only []
* I am repeating Paper 2 only [] * I am resitting the Oral Examination []
* I am resubmitting the case study and taking Paper 1 and Paper 2 []

5. I enclose the fee of S\$500.00 (new candidate) / S\$600.00 (repeat candidate) (+cash/cheque No. _____ made payable to **Board of Architects**)
Note: Fees paid are not refundable.
6. I, the undersigned hereby declare that the information I have supplied in this form and in the documents enclosed, are complete and true.

Date

Signature

* Please tick where applicable / + delete where not applicable

FOR OFFICIAL USE ONLY

Application Received Date: _____

Application fee received: **S\$500/-** or **S\$600/-**

Receipt No: _____ [Issued/Mailed]

APPLICATION FOR ADMISSION TO PROFESSIONAL PRACTICE EXAMINATION

Paste a recent
passport size
photograph of
applicant

Please complete this form using **BLOCK LETTERS** or tick boxes [] where appropriate

PERSONAL DETAILS

Full Name

*Mr/Mrs/Miss/Mdm

Home Address

Telephone Number

Home:

HP:

Email Address

*NRIC/Passport No.

Nationality

* Residential Status

Singapore PR []

/ Professional Employment Pass []

Country of birth

Date of birth

Race

Chinese [] Malay [] Indian [] Others [] _____ (Please specify)

Mailing address

Home [] Office []

* Delete where not applicable

TERTIARY EDUCATION

Qualification in architecture & country obtained

Student No. in University:

Name and Address of University or Institution	Normal Length of Course	Date Commenced	Date Completed	Full Time/ Part Time

Was a period of compulsory practical experience a requirement of the course

No [] Yes []

Length of time involved

Other Tertiary Qualifications & country obtained

Name and Address of University or Institution	Normal length of Course	Date Commenced	Date Completed	Full Time/ Part Time

PROFESSIONAL EMPLOYMENT EXPERIENCE

Total number of years of architectural work experience as at closing date of application:

a) as an undergraduate: _____ years

b) after graduation : _____ years (Minimum 2 years required)

Details in Singapore

	Name of firm	Period of employment
a)		
b)		

Details in Other Country

	Name of firm & country	Period of employment
a)		
b)		

Name of Supervisor: _____ Name of Adviser: _____

Name and Address of present firm

Firm Phone No:	Firm Fax No: