



THE MANITOBA ASSOCIATION OF ARCHITECTS
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TO: MAA REGISTRATION BOARD

EMPLOYMENT CONFIRMATION

(For students enrolled in a CACB accredited program at a Canadian university)

STUDENT'S NAME IN FULL: _____

FIRM NAME: _____

FIRM ADDRESS: _____
STREET ADDRESS

CITY PROVINCE POSTAL CODE

I CONFIRM THAT THE ABOVE-NOTED STUDENT IS EMPLOYED WITH OUR/MY FIRM AND THAT THE FIRM SHALL ENDEAVOR TO PROVIDE EXPERIENCE THAT IS IN ACCORDANCE WITH THE INTERN PROGRAM GUIDELINES.

NAME OF SUPERVISING ARCHITECT: _____
(PLEASE PRINT)

SIGNATURE

DATE