



**NWTAA**  
NORTHWEST TERRITORIES ASSOCIATION OF  
ARCHITECTS

# Confirmation of Supervisor & Employer

\_\_\_\_\_  
Name of Supervisor

\_\_\_\_\_  
Name of Employer [if separate from above]

\_\_\_\_\_  
Firm Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Prov./Terr.

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Business Fax

\_\_\_\_\_  
Email

**CONFIRMATION OF SUPERVISOR**

I confirm that \_\_\_\_\_ is being supervised and that I shall endeavour to help provide the required pre-registration experience in accordance with the Internship in Architecture Program guidelines.

\_\_\_\_\_  
SIGNATURE OF SUPERVISOR

\_\_\_\_\_  
DATE

**CONFIRMATION OF EMPLOYER**

I confirm that \_\_\_\_\_ is employed with our Firm and that the Firm shall endeavour to provide the required pre-registration experience in accordance with the Internship in Architecture Program guidelines.

\_\_\_\_\_  
SIGNATURE OF EMPLOYER

\_\_\_\_\_  
DATE

**\*SUBMIT A SEPARATE FORM IF THE FIRM/OFFICE ADDRESS OF THE SUPERVISOR AND EMPLOYER ARE DIFFERENT.**