



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.**