



NWTA
NORTHWEST TERRITORIES ASSOCIATION OF
ARCHITECTS

Confirmation of Mentor

Name of Mentor Licence No. _____

Firm Name

Address City _____ Prov./Terr. _____ Postal Code _____

Business Phone Business Fax _____ Email _____

I am pleased to act as Mentor to _____
for the period of pre-registration as required, and shall endeavour to act as professional advisor by
conducting reviews and assessments of this Intern's practical experience and generally assisting this Intern in
preparing for registration in accordance with the guidelines of the Internship in Architecture Program.

SIGNATURE

DATE