

**REGISTRATION AS A PROFESSIONAL PRACTICE
EXAMINATION CANDIDATE**

**To: The Registrar
Board of Architects
#01-03, Tower Block
MND Complex
Singapore 069110**

1. I wish to register as a Professional Practice Examination candidate.
2. I submit herewith my application form and the following documents:
 - (a) A copy of my qualification papers (such as degree, diploma etc.)
(Please bring along the original copy of your degree for verification)
 - (b) A copy of transcript of courses completed, showing subjects and examination results
 - (c) Confirmation letter from employer
 - (d) Acknowledgement letter from Supervisor
 - (e) Acknowledgement letter from Advisor
4. I enclose the registration fee of S\$100.00 (+cash/cheque No. _____ made payable to **Board of Architects**).
5. All requirements pertaining to become a PPE candidate must be complied with, failing which the candidate will not be allowed to sit for the examination.
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

Name & Signature

FOR OFFICIAL USE ONLY

Application Received Date: _____ Registration fee received: S\$100/-

Receipt No: _____ [Issued/Mailed]

Paste a recent
passport size
photograph of
applicant

**APPLICATION FOR REGISTRATION AS
PROFESSIONAL PRACTICE EXAMINATION CANDIDATE**

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

PERSONAL DETAILS

Full Name

*Mr/Mrs/Miss/Mdm

*NRIC/Passport No.

Home Address

Telephone Number

Home:

Mobile phone::

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

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Student Identification No. in University:

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

Name and Address of present firm

Firm Phone No: _____ Firm Fax No: _____

Name of Supervisor: _____

Name of Advisor: _____