



**NWTAA**  
NORTHWEST TERRITORIES ASSOCIATION OF  
**ARCHITECTS**

# Confirmation of Mentor

\_\_\_\_\_  
Name of Mentor Licence No.

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

\_\_\_\_\_  
Address City Prov./Terr. Postal Code

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