# ROUTE A1
# ADMISSION TO THE RIAI REGISTER FOR ARCHITECTS AND TO RIAI MEMBERSHIP

## Verification of prescribed post-graduate Qualification in Professional Practice

**Please complete all details of this form legibly in blue or black pen**

I hereby certify that _____ (Full name of applicant) _____/_____/_____ (DoB)

has passed a prescribed post-graduate Qualification in Professional Practice on _____/_____/_____ (Date)

Name of School/Institution: _____

Address of School/Institution: _____

_____

Head of School/Institution:
(Name and Title in BLOCK CAPITALS) _____

Telephone (Office): _____ Email: _____

Signature Head of School/Institution: _____ Date: _____

OFFICIAL STAMP OF EDUCATIONAL INSTITUTION
(College, University, Institute of Technology or other Third Level Educational Institution)

This Form must be completed by the educational institution which conferred the applicant's qualification in Architecture and must be posted or emailed by that institution directly to:

ADMISSIONS
RIAI
8 MERRION SQUARE
DUBLIN 2
IRELAND

Email: admissions@riai.ie