



THE MANITOBA ASSOCIATION OF ARCHITECTS  
137 BANNATYNE AVENUE WINNIPEG MANITOBA R3B 0R3  
PH: (204) 925-4620 FAX: (204) 925-4624 EMAIL: info@mbarchitects.org

TO: MAA REGISTRATION BOARD

## MENTOR'S CONFIRMATION

INTERN'S NAME IN FULL:

I AM PLEASED TO ACT AS MENTOR TO THE ABOVE-NOTED INTERN FOR THE PERIOD OF PRE-REGISTRATION AS REQUIRED AND SHALL ENDEAVOR TO ACT AS PROFESSIONAL ADVISOR CONDUCTING DISCUSSIONS REGARDING THE PRACTICAL EXPERIENCE AND GENERALLY ASSISTING THE INTERN IN PREPARING FOR REGISTRATION IN ACCORDANCE WITH THE INTERN PROGRAM GUIDELINES.

NAME OF MENTOR:

(PLEASE PRINT)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE