



THE ARCHITECTS REGISTRATION BOARD OF JAMAICA
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**THE ARCHITECTS REGISTRATION BOARD
THE JAMAICAN INSTITUTE OF ARCHITECTS**

LOG BOOK/CASE STUDY SUBMISSION FORM

First Name: Middle Name:

Last Name:

Gender: Female Male Date of Birth:

Address: Street Name & No.:

City :

E-mail:

Telephone:

I hereby to be listed as a potential candidate for the Professional Practice Examination and submit the following documents for review and approval:

- Completed Practical Experience Log Book
- Case Study Outline
- Completed Case Study

Signed: Date:

Received by: Date:

Reviewed by Date:

Approved: Yes No

* N.B. Items 1., 2. and 3. are not applicable to JIA Associate members