

# ARCASIA Students' Architectural Design Competition 2016

## Entry Form

Thank you for applying for the ARCASIA Students' Architectural Design Competition 2016.

- Please submit your entry form in pdf format together with a design statement of 500 words maximum in English in .doc format, as well as one pdf (10Mb or less) file containing one A1-sized (594mm x 840mm) in landscape graphic layout.
- **The closing date of submission is 20<sup>th</sup> May 2016.** Please submit to your respective National Architectural Institution (NIA). Late submissions will not be considered.
- Please fill in your name / names and other particulars of the team members should the submissions be on a team basis.

Name of Entry:
Contact Person and Applicant 1 Details:
Surname:
First name(s):
Academic Year in 2015/16 Fall Semester:
Course:
Institution:
Student ID Number:
Postal Address:
Email Address:
Mobile Number:
Other Telephone Number:

### DECLARATION

\* ☐ I hereby declare that the information provided in this submission is true and accurate. I/We shall be responsible as the primary author of the design submitted herewith. To the Organizer, I/we hereby assign all the rights of using the design for promotion and exhibition purposes.

Signature of the applicant \_\_\_\_\_ Date \_\_\_\_\_

(\*Please check the box for full completion.)

<b>Applicant 2 Details:</b>
<i>Surname:</i>
<i>First name(s):</i>
<i>Academic Year in 2015/16 Fall Semester:</i>
<i>Course:</i>
<i>Institution:</i>
<i>Student ID Number:</i>
<i>Postal Address:</i>
<i>Email Address:</i>
<i>Mobile Number:</i>
<i>Other Telephone Number:</i>

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**Signature of the applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

(\*Please check the box for full completion.)

<b>Applicant 3 Details:</b>
<i>Surname:</i>
<i>First name(s):</i>
<i>Academic Year in 2015/16 Fall Semester:</i>
<i>Course:</i>
<i>Institution:</i>
<i>Student ID Number:</i>
<i>Postal Address:</i>
<i>Email Address:</i>
<i>Mobile Number:</i>
<i>Other Telephone Number:</i>

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**Signature of the applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

(\*Please check the box for full completion.)

<b>Applicant 4 Details:</b>
<i>Surname:</i>
<i>First name(s):</i>
<i>Academic Year in 2015/16 Fall Semester:</i>
<i>Course:</i>
<i>Institution:</i>
<i>Student ID Number:</i>
<i>Postal Address:</i>
<i>Email Address:</i>
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**Signature of the applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

(\*Please check the box for full completion.)

**(Please extend the entry form should it be needed.)**