



ARCASIA Students' Architectural Design Competition 2017

Entry Form

Thank you for applying for ARCASIA Students' Architectural Design Competition 2017.

- Please submit your entry form in pdf format together with a design statement of 500 words maximum in English in .doc format (font size: 12), as well as one pdf (10Mb or less) file containing one A1-sized (594mm x 841mm) in landscape graphic layout.
- **The closing date of submission is 10th September 2017.** Please submit to your respective National Architectural Institutions (NIAs). Late submission will not be considered.
- Please fill in names and other particulars of the team members should the submissions be in team basis.
- For details and eligibility of competition, please refer to www.arcasia.org

Name of Entry:
Contact Person and Applicant's Details:
Surname:
First name(s):
Academic Year in 2016/17 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 purpose.

Signature of the applicant _____ Date _____ (*Please check the box for full completion.)

(Applicable to team submission only)

Team Member 2 Details:
<i>Surname:</i>
<i>First name(s):</i>
<i>Academic Year in 2016/17 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.)

(Applicable to team submission only)

Team Member 3 Details:
<i>Surname:</i>
<i>First name(s):</i>
<i>Academic Year in 2016/17 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.)

(Applicable to team submission only)

Team Member 4 Details:
<i>Surname:</i>
<i>First name(s):</i>
<i>Academic Year in 2016/17 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.)

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