



PRACTICE

BOSTON ARCHITECTURAL COLLEGE

3rd floor, 320 Newbury Street
practice@the-bac.edu · 617-585-0145

APPLICATION FOR PRIOR PRACTICE LEARNING ARCHITECTURE

INSTRUCTIONS

To receive Prior Practice Hours, students must have completed work of a design nature under the supervision of a licensed designer or related AEC Professional. Please note that you may petition for up to but no more than 2,500 hours of work. **You have ONE YEAR from the time of enrollment** to meet with Practice to review your application, to submit all required materials, and to resolve any outstanding paperwork or missing materials.

We encourage all students seeking Prior Practice Hours to contact our department prior to completing this application to discuss their eligibility and how best to complete this application. **To complete the application process, please follow the instructions below.** Granting of Prior Practice Hours is not guaranteed and is at the discretion of the Practice Department.

1. Contact Practice Department to schedule an initial appointment with a staff member to discuss your eligibility.
2. If eligible based on initial meeting, complete this application for each previous employer for which you are petitioning hours. Be sure each employer signs the Employer Certification on the last page of this application. You must also obtain an official statement on official company letterhead from that employer that verifies the length of your employment and describes the work completed during employment.
3. Compile 8 1/2 x 11 graphic samples that are representative of the work in which you were involved. These examples should be presented in an organized and clearly labeled manner. Please indicate your specific role and the scope of your involvement for each project presented. Additional notes or annotation should reflect on particular challenges and learning experiences. (Please note that this documentation should be submitted separately from any portfolio you may have submitted to the Admissions Department; we do not have access to that portfolio.)
4. When complete, bring this application and all of the materials listed above to your appointment with the Practice Department.
5. At the end of this meeting, you will be approved for all, some, or none of the hours for which you have petitioned. You may also be asked to schedule another appointment and/or submit additional work as follow-up.

STUDENT INFORMATION

Last Name	First Name	Middle Name
<hr/>		
Student ID #		
<hr/>		
Email Address	Preferred Contact Phone #	

FIRM/COMPANY INFORMATION

Firm/Company Name	I - 10 II - 49 50 & Up
	Firm Size (Circle One)
<hr/>	
Firm/Company Address	Telephone Number
<hr/>	
City	State Zip
<hr/>	
Title of Position	Hire Date End Date (If Applicable)



WORK/LEARNING EXPERIENCE

Please respond to the following questions. Be sure to reflect upon the learning and growth that took place.

1. What specific skills did you acquire from this experience and what did you *learn* from this experience?

2. Describe how this experience has helped you develop as a design professional.

3. Choose a specific project in which you took a leadership role, learned something new, or faced challenges. Describe the project, your role in the project, and what you learned from it.

4. What kind of documentation / graphic examples will you be submitting with this application? Please provide any additional comments or information that might be helpful for us to know.



PRACTICE

BOSTON ARCHITECTURAL COLLEGE

3rd floor, 320 Newbury Street
practice@the-bac.edu · 617-585-0145

APPLICATION FOR PRIOR PRACTICE CREDIT ARCHITECTURE

EMPLOYER CERTIFICATION

In the chart below, please indicate the number of hours you spent working in each category. Add the total number of hours worked and place that sum in the total box. You may apply for up to but no more 2,500 hours. **After you have completed the chart below, you and your employer must sign the designated areas below.**

Click on the hyperlinks for descriptions of the categories.

PRE-DESIGN

1. [Programming](#) _____
2. [Site & Environmental Analysis](#) _____
3. [Project Cost and Feasibility](#) _____
4. [Planning and Zoning Regulations](#) _____

DESIGN

5. [Schematic Design](#) _____
6. [Engineering Systems](#) _____
7. [Construction Cost](#) _____
8. [Codes and Regulations](#) _____
9. [Design Development](#) _____
10. [Construction Documents](#) _____
11. [Material Selection and Specification](#) _____

PROJECT MANAGEMENT

12. [Bidding and Contract Negotiation](#) _____
13. [Construction Administration](#) _____
14. [Construction Phase: Observation](#) _____
15. [General Project Management](#) _____

PRACTICE MANAGEMENT

16. [Business Operations](#) _____
17. [Leadership and Service](#) _____

Total Hours

EMPLOYER CERTIFICATION

I certify that to the best of my knowledge the number of hours recorded represents the time spent in execution of the work in each category.

Employer Printed Name

Employer Signature

Date

Student Signature

Date

For Office Use Only

Application Approved for _____ credits

Date Approved _____

Practice Rep. Signature