Instructions for Reimbursement of AXP Enrollment Fee

• Eligible applicants will be reimbursed $100 for enrolling in the Architectural Experience Program (IDP).

• Applicants must be currently enrolled and in good standing at an accredited school of architecture within the state of Ohio (UC, Kent, Miami, OSU).

• Verification of current enrollment must be provided. Examples of acceptable proof are a copy of the current quarter's official schedule, a letter from a school official, or National Student Clearinghouse verification.

• Applicant must supply proof of an active NCARB Council Record. Acceptable proof may be a copy of an email or letter received from NCARB which includes the applicant's Council Record number.

• This application must be notarized. Keep a copy of the application for your files.

• Incomplete applications will be returned.

• There is no residency requirement.

• Complete applications are generally approved within two to three business days.

• Checks will be issued in approximately 30 days.

For questions or assistance, contact:
Cheryl Thaxton
Phone: (614) 466-6677
Email: cheryl.thaxton@arc.ohio.gov
Application for Reimbursement of
AXP Enrollment Fee

1. PERSONAL (PLEASE PRINT CLEARLY)

<table>
<thead>
<tr>
<th>Name</th>
<th>Email (required)</th>
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<tbody>
<tr>
<td>Social Security No. (required)</td>
<td>Birth Date (month/day/year)</td>
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Mailing Address

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<tr>
<th>Street</th>
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<th>State</th>
<th>Zip Code</th>
<th>Phone</th>
<th>County (if Ohio)</th>
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</table>

2. ELIGIBILITY

<table>
<thead>
<tr>
<th>Applicant please complete this section</th>
<th>NCARB Council Record #</th>
<th>AXP Enrollment Date</th>
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<tbody>
<tr>
<td>School Name</td>
<td>Course of study</td>
<td>Expected Graduation Date</td>
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</tbody>
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3. APPLICATION CHECKLIST

- ☐ Verification of NCARB Council Record attached
- ☐ Current semester schedule attached
- ☐ Application is notarized

AFFIDAVIT

The undersigned, being duly sworn, deposes and says that he/she is the person who executed this application, that the statements contained herein are true, that he/she has not suppressed any information that might affect this application and that he/she has read and understands this affidavit.

__________________________________________  __________________________
Applicant Signature                          Date

Subscribed and sworn before me on this ______ day of ______, 20____

in the County of ___________________________, State of _____________________________.

__________________________________________
Signature of Notary Public

My commission expires ________________________

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<thead>
<tr>
<th>Board Use Only</th>
<th>Date Received</th>
<th>Date Approved</th>
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</table>

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