



Thank you for your interest in joining ArchiNEXT.

Kindly fill-up the required fields in this entry form and upload the file in the ArchiNEXT 2027 submission link.

FULL NAME _____

AGE _____

COMPLETE ADDRESS _____

SCHOOL _____

YEAR LEVEL _____

TEL. # _____ MOBILE # _____

EMAIL ADDRESS _____

DID YOU ALSO APPLY AS AN ARCHINEXT SCHOLAR? YES _____ NO _____

I HEREBY CERTIFY THAT THE ABOVE DETAILS ARE TRUE AND CORRECT AND HAVE UNDERSTOOD AND AGREE WITH THE GUIDELINES IN JOINING THE CONTEST. LIKEWISE, I ALSO UNDERSTAND THAT ANY FORM OF PLAGIARISM WILL DISQUALIFY ME FROM THE CONTEST.

NAME OF CONTESTANT / SIGNATURE

DATE

APPROVED BY:

CHAIR OF THE DEPARTMENT OF ARCHITECTURE
/ DEAN OF THE COLLEGE OF ARCHITECTURE

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REIMAGINING
CIVIC CENTERS
AS SPACES FOR
THE PEOPLE

