Date: 2019/10/17

PERSONAL INFORMATION			Letter of Acceptance	
1 Family Name			2 Given Name	•
Sidhu			Jasmine Kaur	
3 Date of Birth (YYYY/MM/DD)			4 Student ID Number	
2000/02/23			2020006337	
5 Certificat d'acceptation du Qu	ebec (CA	(Q) or Ministère de l'Immigra	ation, Diversité et Inclusion (MI	DI) letter
Yes No 🗹 CAQ Number N/A			Expiry (YYYY/MM/DD) N/A	
6 Student's full mailing address				
P.O. Box		/Unit	Street no.	Street name
	Hou	use No 286		Lehra Mohabat
City/Town	Country		Province/State	Postal Code
Bathinda			Punjab	151111
INSTITUTIONAL INFORMATION	4			
7 Full Name of Institution			8 Designated learning institution number	
CORPUS CHRISTI COLLEGE			O19280180922	
Address of institution				
P.O. Box	Street no.		Street Name	
N/A	593	5	IONA DRIVE	
City/Town	Province/Territory		Postal Code	
VANCOUVER	BC		V6T 1J7	
10 Telephone number Extension Fax number		12 Type of School / Institution		
(604) 822-6862 (604) 822-4		(604) 822-4659	PRIVATE	
13 Website			14 Email	
www.corpuschristi.ca			registrar@corpuschristi.ca	
15 Name of contact	Position		Telephone number Extension	
Emil Canlas	Asso	ociate Registrar	(604) 822-6862	104
16 Name of alternate contact	Posit		Telephone number	Extension
Josephine Fehintola	Adm	issions & Financial Aid	(604) 822-6862	124
Okunubi	Offic	er	(55.7,522.5552	
PROGRAM INFORMATION				1
17 Academic status	Hou	rs of instruction per week	18 Field/Program of Study	
Full-time Part-time A minimum of 9 hours		Associate of Arts		
19 Level of study			20 Type of training program	
First Year			Academic	
				AL - Class
21 Exchange Program ☐ Yes ☑ No			22 Estimated tuition fee for the first academic year\$14,940CDN Fees pre-paid: Yes \[\] No \[\vec{\vec{\vec{\vec{\vec{\vec{\vec{	
23 Scholarship/Teaching assistance/Other financial aid:			24 Internship/Work Practicum	
N/A			N/A	
25 Conditions of acceptance spec	ified as	clearly as possible		
Enrolment in a minimum o	f 3 cou	rses per semester, rem	ain in good academic star	nding (CGPA of 2.0 or higher)
26 Length of Program (YYYY/MM			27 Expiration of letter of acceptance (YYYY/MM/DD)	
Start date: 2020/01/06			2020/04/30	
Completion date: 2022/04/30				
28 Other relevant information:			I	
				A
Signature of insti	tution	representative (e.g.,	Registrar):	(E)
Printe	d nan	ne of institution repr	esentative:	EMIL CANLAS