

LETTRE OF ACCEPTANCE

Date (YYYY/MM/DD):2020/10/01

PERSONAL INFORMATION

1 Family name Kaur		2 Given Name Kuldeep	
3 Date Of Birth(YYYY/MM/DD) 1998/08/05		4 Student ID Number 1189601	
5 Certificat d'acceptation du Québec (CAQ) or Ministère de l'Immigration, Diversité et Inclusion(MIDI)letter ☐ Yes ☒ No			
		CAQ Number:	Expiry
6 Student's full mailing address			
P.O. Box	Apt./Unit	Street no.	Street name. Near Atta Chaki, VPO Gobindgarh Jejian, Tehsil Sunam
City/Town Sangrur	Country India	Province/Stat Punjab	Postal Code 148030

INSTITUTIONAL INFORMATION

7 Full name of institution College Canada		8 Designated learning institution number O19338447695	
9 Address of institution			
P.O. Box	Apt./Unit 403	Street no. 1118	Street name Sainte-Catherine W
City/Town Montreal	Country Canada	Province/Territoire Québec	Postal Code H3B1H5
10 Telephone number Extension (514) 8686262	11 fax number (514) 8680869	12 Type of School/Institution ☐ Public ☒ Private	
13 Website www.collegecanada.com		14 Email info@collegecanada.com	
15 Name of contact Nora Nesnas	Position Registrar	Telephone number (514) 8686262	Extension
16 Name of Alternate contact Dainn Van Doorne Legris	Position Coordinator	Telephone number (514) 8686262	Extension

PROGRAM INFORMATION

17 Academic status ☒ Full-time ☐ Part-time		Hours of instruction per week	18 Field/Program of Study LEA.CC &nbSP DATABASE ADMINISTRATION
19 Level of study Post-secondary		20 Type of training program ☐ Vocational ☐ Academic ☐ Professional ☒ Other	
21 Exchange program ☐ Yes ☒ No		22 Estimated tuition fee for the year \$9,250.00 Fees prepaid: ☐ Yes ☐ No	
23 Scholarship/Teaching assistantship/Other financial aid ☐ Yes , specify _____ ☐ No		24 Internship/Work Practicum ☒ Yes Length: 1020.00 ☐ No Field of work	
25 Conditions d'acceptation énoncées aussi clairement que possible			
26 Length of Program (YYYY/MM/DD) Start date: 2021/01/18 Complete date: 2023/01/17 or minimum _____ years of full-time studies		27 Expiration of letter of acceptance (YYYY/MM/DD) 2022/01/18	
28 Other relevant information:			



Signature of institution representative (e.g.,Registrar) *Nora Nesnas*
Printed name of institution representative: NORA NESNAS