

Letter of Acceptance

PERSONAL INFORMATION

March 16, 2023

1. Family Name -		2. Given Name JAI KAUR	
3. Date of Birth (YYYY/MM/DD) 1999-09-05		4. Student ID Number A7784	
5. Certificat d'acceptation du Québec (CAQ) or Ministère de l'Immigration, Diversité et Inclusion (MIDI) letter <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CAQ Number N/A	Expiry N/A
6. Student's full mailing address			
P.O. Box	Apt./Unit 10626	Street no. CITY PKWY	Street name
City/Town SURREY	Country CANADA	Province/State BRITISH COLUMBIA, CA	Postal Code V3T 0S3

INSTITUTIONAL INFORMATION

7. Full name of institution PACIFIC LINK COLLEGE		8. Designated learning institution number O19394451662	
9. Address of institution			
P.O. Box	Street no. 201-10090	Street Name 152 STREET	
City/Town SURREY	Province/Territory BRITISH COLUMBIA	Postal Code V3R 8X8	
10. Telephone number 604-439-9255	11. Fax number N/A	12. Type of School/Institution <input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE	
13. Website WWW.PLVAN.COM		14. Email INFO@PLVAN.COM	
15. Name of contact TARUN KHULLAR	Position CEO	Telephone number 604-439-9255	Extension 104
16. Name of alternate contact ISAAC OOMMEN	Position PROGRAM HEAD	Telephone number 604-439-9255	Extension 102

PROGRAM INFORMATION

17. Academic Status <input checked="" type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	Hours of instruction per week 20 HR/WEEK	18. Field/Program of Study ADVANCED DIPLOMA BUSINESS HOSPITALITY MANAGEMENT	
19. Level of study DIPLOMA		20. Type of training program <input checked="" type="checkbox"/> VOCATIONAL <input type="checkbox"/> ACADEMIC <input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> OTHER	
21. Exchange Program <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		22. Estimated tuition fee for the first academic year: \$15900 Fees prepaid: \$2500 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
23. Scholarship/Teaching assistantship/Other financial aid: <input type="checkbox"/> YES SPECIFY: _____ <input checked="" type="checkbox"/> NO		24. Internship/Work Practicum <input checked="" type="checkbox"/> YES LENGTH: 39 WEEKS <input type="checkbox"/> NO FIELD OF WORK: PROGRAM RELEVANT	
25. Conditions of acceptance specified as clearly as possible ALL CONDITIONS OF ADMISSIONS HAVE BEEN MET.			
26. Length of Program (YYYY/MM/DD) Start date: 2023-05-15 Completion date: 2024-12-17 Or minimum ____ years of full-time studies		27. Expiration of letter of acceptance (YYYY/MM/DD) 2023-07-15	
28. Other relevant information N/A			

Institution Representative: **Tarun Khullar**
CEO

Signature:

