

Letter of Acceptance

PERSONAL INFORMATION

February 27, 2024

1. Family Name -		2. Given Name AMANDEEP KAUR	
3. Date of Birth (YYYY/MM/DD) 1993-01-13		4. Student ID Number A11417	
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 9443 - 140 Surrey, British Columbia, CA, Canada, V3V 5Z3			

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 ACADEMIC PREPARATION
19. Level of study CERTIFICATE		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. Tuition Fees and Other Charges: \$2500 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 type="checkbox"/> YES LENGTH: _____ <input checked="" type="checkbox"/> NO FIELD OF WORK: _____	
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: 2024-02-26 Completion date: 2024-03-26 Or minimum ____ years of full-time studies		27. Expiration of letter of acceptance (YYYY/MM/DD) 2024-04-26	
28. Other relevant information N/A			

Institution Representative: **Tarun Khullar**
C.E.O and President

Signature: 