



# Letter of Acceptance

DLI NO - O116736261697

**PERSONAL INFORMATION**

May 8, 2024

1	Family Name MINHAS	2	Given Name AISHLY
3	Date of Birth (YYYY/MM/DD) 2002/ 09 / 03	4	Student Id Number GC 0524133
5	5 Certificat d'acceptation du Quebec (CAQ) or Ministère de l'Immigration, Diversité et Inclusion (MIDI) letter <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CAQ Number: / / Expiry		
6	Student's Full Mailing Address		
P.O.Box H no 64 , ward no 6		Street No.	Street Name
City/Town MAHILPUR , HOSHIARPUR	Country India	Province/Territory PUNJAB	Postal Code 146105

**INSTITUTIONAL INFORMATION**

7	Full Name of Institution South Granville Business College		8	Designated Learning Institution Number O116736261697		
9	Address of Institution					
Suite 600 & 700		Building 549	Street Name HOWE STREET			
City/Town VANCOUVER		Province/Territory BC	Postal Code V6C 2C2			
10	Telephone Number +1 604-683-8850	Extension -	11	Fax Number +1 604-682-7115	12	Type of School/Institution <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
13	Website https://granvillecollege.ca		14	Email: international@granvillecollege.ca		
15	Name of Contact Harit Gaba	Position International Relations Director	Telephone Number +1 (604) 683-8850	After hours Number +1 (647) 572-1312		
16	Name of Alternate Contact Chamara Perera	Position Chief Operating Officer	Telephone Number +1 (604) 683-8850			

**PROGRAM INFORMATION**

17	Academic Status <input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Hours of Instruction Per Week 25	18	Field/Program of Study Healthcare Office Administration Diploma(1)	
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	Estimate tuition Fee for the First Academic Year Fees Amount: CAD \$9,100.00 Fees Prepaid: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fees Amount: \$3500	
23	Scholarship/Teaching assistantship/Other Financial Aid: <input checked="" type="checkbox"/> Yes Specify: \$9,450.00 <input type="checkbox"/> No		24	Internship/Work Practicum/Coop <input checked="" type="checkbox"/> Yes Length: 2 weeks <input type="checkbox"/> No Field of Work: Healthcare	
25	Conditions of Acceptance Specific as Clearly as Possible				
26	Length of Program (YYYY/MM/DD) Start date: May 20, 2024 Completion Date: March 21, 2025 Or Minimum: 1 Year of Full-time Studies		27	Expiration of Letter of Acceptance (YYYY/MM/DD) May 20, 2024	
28	Other Relevant Information:				

29. Granville College is registered and fully designated by the Private Training Institutions Branch (PTIB). Granville College is EQA (Education Quality Assurance) designated institution. The Education Quality Assurance (EQA) designation is available to public and private institutions in B.C. that meet or exceed quality assurance standards set by the province of B.C.

Chamara Perera – Chief Operating Officer

Chamara Perera – Chief Operating Officer

Printed name of institution representative

Signature of institution representative(e.g., Registrar)



CANADIAN VISA OFFICE

May 8, 2024

**Subject: Internship/Work Practicum - Aishly Minhas**

Dear Visa Officer:

This refers to the application of Aishly Minhas for an Internship/Work Practicum Permit.

Miss Aishly is a registered full-time student in the **Healthcare Office Administration Diploma(1)** Diploma Program commencing on **May 20, 2024**. As part of the requirements of the program, said student is required to undergo a 2 -Week **Mandatory** Internship/Work Practicum Commencing .

In this Connection, we would like to request for your good office to issue an Internship/Work Practicum Permit so that the above mentioned student can commence their internship during the said period.

This letter is being issued upon the request of Miss Aishly Minhas to support their application for the Internship/Work Practicum and to confirm that the said applicant is required to undergo an internship as a requirement to complete the said program.

Incase you have any questions, please do not hesitate to contact me at (604) 683-8850 or via email at [international@granvillecollege.ca](mailto:international@granvillecollege.ca).

Sincerely

A handwritten signature in black ink, appearing to read "Chamara Perera", with a stylized flourish at the end.

Chamara Perera  
Chief Operating Officer