

Personal Information


Date (YYYY/mm/dd): July 19, 2024

1	Family Name Sachdeva	2	Given Name Parika
3	Date of Birth (YYYY/MM/DD) 2000/ 01 / 14	4	Student Id Number PIMT 24072
5	Certificat d'acceptation du Quebec (CAQ) or Ministere de l'Immigration, Diversite et Inclusion (MIDI) letter <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
6	Student's Full Mailing Address: : 479 E, 50th Avenue, Vancouver., Vancouver, British Columbia, Canada-V5X 1A9		
P.O.Box : 479 E, 50th Avenue, Vancouver.		Apt. /Unit	Street No.
City/Town Vancouver		Country Canada	Street Name
		Province/Territory British Columbia	Postal Code V5X 1A9

Institutional Information

7	Full Name of Institution PROFESSIONAL INSTITUTE OF MANAGEMENT & TECHNOLOGY		8	Designated Learning Institution Number O213391076817
9	Address of Institution			
P.O.Box		Street No. 103 - 1422	Street Name KENSINGTON	
City/Town Calgary		Province/Territory AB	Postal Code T2N3P9	
10	Telephone Number	Extension -	11	Fax Number
			12	Type of School/Institution <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
13	Website www.pimtcalgary.com		14	Email: info@pimtcalgary.com
15	Name of Contact Chamara Perera	Position Chief Operating Officer	Telephone Number 403-247-4319	Extension
16	Name of Alternate Contact Harit Gaba	Position International Admissions Manager	Telephone Number after 6pm to 9am +1 (647) 572-1312	

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 Business Administration Management Diploma
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: \$13500.00 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: \$1500.00 <input type="checkbox"/> No		24	Internship/Work Practicum Length: N/A Field of Work:: N/A
25	Conditions of Acceptance Specific as Clearly as Possible			
26	Length of Program (YYYY/MM/DD) Start date: <u>2024/08/26</u> Completion Date: <u>2025/06/15</u> Or Minimum: 1 Year of Full-time Studies		27	Expiration of Letter of Acceptance (YYYY/MM/DD) <u>2024/08/26</u>
28	Other Relevant Information:			
Signature of Institution Representative (e.g. Registrar): 			Printed Name of Institution Representative: Chamara Perera	