

## LETTER OF OFFER

ICM DLI: O19315356682

June 15, 2018

Ms. Supriya GUPTA  
VPO Dadahu  
Tehsil Nahan  
Sirmaur, Himachal Pradesh  
India 173022

Student ID: **GUPS1D1803**

Dear **Supriya**,

On behalf of the International College of Manitoba (ICM), we are pleased to offer you admission into the following Academic Program.

**Academic Program 1: Offered by International College of Manitoba**

ICM Academic Program:	UTP Stage II in Science
Program Duration:	3 terms
Start Date:	Aug 30, 2018
Anticipated End Date:	August, 2019

Fees associated with Academic Program 1 (fees quoted are for 2018/2019 and are subject to change):

Tuition:	C\$ 16,490.00
Active Living Centre Fee:	C\$ 216.00 (per year)
Student Services:	C\$ 96.00 (per semester)
Medical Insurance:	C\$ 700.00 (per year)

The actual tuition costs may be higher depending on the specific choice of courses. For a complete list of fees go to <http://www.icmanitoba.ca/apply-today/fees>.

Certain UTP Stage II courses have minimum Grade 12 course and grade pre-requisites. If you have not yet met these requirements, ICM can provide the prerequisite course(s), at an additional charge. For specific details please go to <https://www.icmanitoba.ca/prerequisites>.

**Notes regarding Offer for Academic Program:**

You must attend on the dates indicated above. Failure to attend these sessions may affect your enrolment status.

Upon completion of the above program (including 30 credit hours transferrable to the University of Manitoba), and subject to the University of Manitoba's admissions regulations, you will be eligible to apply to the following program at the University of Manitoba.

**Academic Program 2: Offered by University of Manitoba**

University of Manitoba Academic Program:	Bachelor of Science
Normal Program Duration:	3 years (assumes a full year of transfer credit is earned at ICM)
Anticipated Start Date:	September, 2019
Anticipated End Date:	August, 2022 (based on a full study load)

Fees associated with Academic Program 2 (fees quoted are for 2017/2018 and are subject to change):

Annual Tuition Fees:	C\$ 16,400.00
Student Services:	C\$ 288.00 (annual)
University of Manitoba Students' Union:	C\$ 225.16 (annual)

Information on University of Manitoba tuition fees available at: <http://umanitoba.ca/student/admissions/finances/tuition-fees.html>

**Notes regarding University of Manitoba Academic Program:**

1. Please see the University of Manitoba website for details on how to apply for your specific program, including deadlines and minimum GPA requirements:

2. Depending on the courses selected, tuition fees may be higher than stated.

**Acceptance of Offer:**

To accept this offer, you will need to pay the fees indicated below and complete the Acceptance of Offer form. Submit the Acceptance of Offer and pay fees as soon as possible to allow time for your Canadian Study Permit and Visa to be issued. Payment should be made by telegraphic transfer in Canadian dollars, payable to "International College of Manitoba Limited." This offer is subject to the refund policy of the College.

**ICM fees due (in Canadian dollars):**

Initial tuition deposit:	C\$ 8,345.00
Active Living Centre Fee:	C\$ 216.00 (per year)
Student Services:	C\$ 96.00 (per semester)
Medical Insurance:	C\$ 700.00 (per year)
Total:	C\$ 9,357.00

We look forward to welcoming you to ICM and the University of Manitoba.

Yours sincerely,



**Darcy Rollins**  
College Director and Principal  
International College of Manitoba



**Jeff Adams**  
Executive Director  
Enrolment Services  
University of Manitoba

International College of Manitoba  
at University of Manitoba  
Fort Garry Campus  
Winnipeg MB, R3T 2N2 Canada

T +1 204 474 8479  
E [info@icmanitoba.ca](mailto:info@icmanitoba.ca)  
[www.icmanitoba.ca](http://www.icmanitoba.ca)  
CRA BN 81210 5146

# LETTER OF ACCEPTANCE



your pathway to the



UNIVERSITY OF MANITOBA

Date (YYYY/MM/DD): 2018/06/15

## PERSONAL INFORMATION

<b>1</b> Family Name GUPTA	<b>2</b> Given Name Supriya
<b>3</b> Date of Birth (YYYY/MM/DD) 1998/11/07	<b>4</b> Student ID Number GUPS1D1803
<b>5</b> 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 _____ Expiry / /	
<b>6</b> Student's full mailing address	
P.O. Box _____ Apt./Unit _____	Street no. Street name VPO Dadahu, Tehsil Nahan
City/Town Sirmaur	Country India
Province/State Himachal Pradesh	Postal Code 173022

## INSTITUTIONAL INFORMATION

<b>7</b> Full name of institution International College Of Manitoba	<b>8</b> Designated learning institution number O19315356682
<b>9</b> Address of institution	
P.O. Box _____	Street no. Street Name 508 University Centre
City/Town Winnipeg	Province/Territory MB
Postal Code R3T 2N2	
<b>10</b> Telephone number 1 204 474 8479	<b>11</b> Fax number 1 204 474 8420
<b>12</b> Type of School/Institution <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	
<b>13</b> Website http://www.icmanitoba.ca	<b>14</b> Email info@icmanitoba.ca
<b>15</b> Name of contact Helen Wheatley	<b>15</b> Position Director of Admissions
<b>15</b> Telephone number 204 474 8479	<b>15</b> Extension
<b>16</b> Name of alternate contact Darcy Rollins	<b>16</b> Position ICM College Director
<b>16</b> Telephone number 204 474 8479	<b>16</b> Extension

## PROGRAM INFORMATION

<b>17</b> Academic status <input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<b>17</b> Hours of instruction per week 16	<b>18</b> Field/Program of Study University Transfer Program (Stage II) in Science
<b>19</b> Level of study Post-Secondary	<b>20</b> Type of training program <input type="checkbox"/> Vocational <input checked="" type="checkbox"/> Academic <input type="checkbox"/> Professional <input type="checkbox"/> Other _____	
<b>21</b> Exchange program <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>22</b> Estimated tuition fee for the first academic year \$16,490.00	Amt prepaid: \$16,466.00
<b>23</b> Scholarship/Teaching assistantship/Other financial aid: <input type="checkbox"/> Yes Specify: _____ <input checked="" type="checkbox"/> No	<b>24</b> Internship/Work Practicum <input type="checkbox"/> Yes Length: _____ <input checked="" type="checkbox"/> No Field of work: _____	
<b>25</b> Conditions of acceptance specified as clearly as possible		
<b>26</b> Length of Program (YYYY/MM/DD) Start date: <u>2018/08/30</u> Completion date: <u>2019/08/17</u>		<b>27</b> Expiration of letter of acceptance (YYYY/MM/DD) <u>2018/08/30</u>
<b>28</b> Other relevant information:		

Signature:

Printed Name: Darcy Rollins

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