

# LETTER OF ACCEPTANCE

Date (YYYY/MM/DD): \_\_\_\_\_

## PERSONAL INFORMATION

<b>1</b>	<b>Family Name</b>		<b>2</b>	<b>Given Name</b>	
<b>3</b>	<b>Date of Birth (YYYY/MM/DD)</b> / /		<b>4</b>	<b>Student ID Number</b>	
<b>5</b>	<b>Certificat d'acceptation du Québec (CAQ) or Ministère de l'Immigration, Diversité et Inclusion (MIDI) letter</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
	CAQ Number			Expiry / /	
<b>6</b>	<b>Student's full mailing address</b>				
	P.O. Box	Apt./Unit	Street no.	Street name	
	City/Town	Country	Province/State	Postal Code	

## INSTITUTIONAL INFORMATION

<b>7</b>	<b>Full name of institution</b>			<b>8</b>	<b>Designated learning institution number</b>		
<b>9</b>	<b>Address of institution</b>						
	P.O. Box		Street no.		Street Name		
	City/Town		Province/Territory		Postal Code		
<b>10</b>	<b>Telephone number</b>	<b>Extension</b>	<b>11</b>	<b>Fax number</b>	<b>12</b>	<b>Type of School/Institution</b>	
	-			-		<input type="checkbox"/> Public <input type="checkbox"/> Private	
<b>13</b>	<b>Website</b>				<b>14</b>	<b>Email</b>	
<b>15</b>	<b>Name of contact</b>		<b>Position</b>		<b>Telephone number</b>	<b>Extension</b>	
					-		
<b>16</b>	<b>Name of alternate contact</b>		<b>Position</b>		<b>Telephone number</b>	<b>Extension</b>	
					-		

## PROGRAM INFORMATION

<b>17</b>	<b>Academic status</b>		<b>Hours of instruction per week</b>	<b>18</b>	<b>Field/Program of Study</b>		
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time						
<b>19</b>	<b>Level of study</b>			<b>20</b>	<b>Type of training program</b>		
					<input type="checkbox"/> Vocational <input type="checkbox"/> Academic <input type="checkbox"/> Professional <input type="checkbox"/> Other _____		
<b>21</b>	<b>Exchange program</b>			<b>22</b>	<b>Estimated tuition fee for the first academic year</b>		
	<input type="checkbox"/> Yes <input type="checkbox"/> No				/ Fees prepaid: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>23</b>	<b>Scholarship/Teaching assistantship/Other financial aid:</b>			<b>24</b>	<b>Internship/Work Practicum</b>		
	<input type="checkbox"/> Yes Specify: _____ <input type="checkbox"/> No				<input type="checkbox"/> Yes Length: _____ <input type="checkbox"/> No Field of work: _____		
<b>25</b>	<b>Conditions of acceptance specified as clearly as possible</b>						
<b>26</b>	<b>Length of Program (YYYY/MM/DD)</b>			<b>27</b>	<b>Expiration of letter of acceptance (YYYY/MM/DD)</b>		
	Start date: / / Completion date: / /				/ / Or minimum _____ years of full-time studies		
<b>28</b>	<b>Other relevant information:</b>						

Signature of institution representative (e.g., Registrar): \_\_\_\_\_

Printed name of institution representative: \_\_\_\_\_