## LETTER OF ACCEPTANCE

PERSONAL INFORMATION				Date (YYYY/MM/DD): 2018-07-11		
1 Family Name			2	Given Name		
			Sukhchain Singh			
3 Date of Birth (YYYY/MM/DD)			4 Student ID Number			
1998 / 12 / 16			03185498			
5 Certificat d'acceptation du Québec (CAQ) or Ministère de				l'Immigration, Diversité et Inclusion (MIDI) letter		
Yes No			CAQ Number N/A Expiry N/A /			
6 Student's full mailing add	ress		1			
P.O. Box		Apt./Unit		Street no. Street name		
	Ne	Near Chowk		PO. Gobindgarh Jejian	Sunam	
City/Town	Country		Province/State Postal Code		Postal Code	
Sangrur	India		Punjab		148030	
INSTITUTIONAL INFORMATION	V					
7 Full name of institution Coquitlam College			8 Designated learning institution number DL#019244321962			
9 Address of institution						
P.O. Box	Street no.		Street Name			
N/A	516		Brookmere Ave.			
City/Town	Contraction and the contra		Postal Code			
Coquitlam	BC		V3J 1W9			
10 Telephone number Ex	tension	11 Fax number	12	Type of School/Institution	n	
604 <sup>-</sup> 939-6633		604 - 939-0336		Public Private		
13 Website			14	Email		
www.coquitlamcollege.com			admissions@coquitlamcollege.com			
15 Name of contact	Name of contact Position		Tele	ephone number	Extension	
Chris Rands		Vice-Principal		604 - 939-6633		
16 Name of alternate contact			Telephone number Extension			
Will Eckford Principal			<u> </u>	604 - 939-6633		
PROGRAM INFORMATION						
17 Academic status Hours of instruction per week  ■ Full-time			18 Field/Program of Study Two-Year Associate of Arts Degree Program			
			20 Type of training program			
Post-Secondary			☐ Vocational ☐ Academic ☐ Professional ☐ Other			
21 Exchange program  ☐ Yes ■ No			22 Estimated tuition fee for the first academic year \$12,930.00 / 2 semesters   Fees prepaid:   Yes   No			
23 Scholarship/Teaching assistantship/Other financial aid:			24 Internship/Work Practicum  Pes Length:			
No						
25 Conditions of acceptance s  Mature Student	pecified	as clearly as possible				
	1494/001		[			
			27 Expiration of letter of acceptance (YYYY/MM/DD)			
Start date: 2018/09/10 Or minimum 2  Completion date: 2020/08/31 years of full-time studies			2018 / 09 / 21			
28 Other relevant information This program is offered under the assessment process and been is satisfying themselves that the perofessional licensing bodies, or	ound to more and and an and an and an and an	eet the criteria established b d the degree will be appropri	v the r	ninistry, Nevertheless, prospecti	r 2013 having undergone a quality ive students are responsible for tance to potential employers,	
Signature of institution representative (e.g., Registrar).						
			)	<del></del>		
Printed name of institution representative: Serena Zeng						

PHONE: 604-939-6633 ◆ FAX: 604-939-0336

516 BROOKMERE AVE., COQUITLAM, B.C., CANADA V3J 1W9